



KECA's Leaders of Future Conservation Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email: _____

Emergency Contact

Contact Name: _____ Relationship: _____
Home/Work Phone: _____ Cell Phone: _____

Contact Name: _____ Relationship: _____
Home/Work Phone: _____ Cell Phone: _____

Medical Information

Known Allergies (food, insects, medication, others):

Do you carry medication for your allergies (If yes, list medications and dosages):

Current medications (include herbal, and over the counter as well as prescription medications):

Medical history (including medical conditions or other important fact that should be known):

Education

High School: _____ Address: _____

Grade: _____ GPA: _____

References

Please list three personal references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Extracurricular Activities

Please list three clubs, organizations, or activities

Activity 1: _____ Years Involved: _____

Role: _____ Phone: _____

Address: _____

Activity 2: _____ Years Involved: _____

Role: _____ Phone: _____

Address: _____

Activity 3: _____ Years Involved: _____

Role: _____ Phone: _____

Address: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

I understand that false or misleading information in my application or interview may result in my dismissal of this leadership organization.

Print Name: _____

Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Email application to KECAconedsp@windstream.net

OR

Elk Country Visitor Center
Mail application to: ATTN: Hunter Horning
P.O. Box 315/134 Homestead Drive
Benezette, PA 15821