

3) Who is your hero and why?

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4) We want to know more about you. Please list your hobbies, interests activities and volunteer experience.

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### V. Additional Materials



If you would like to share creative materials (poetry, photos, drawings, etc.) please include them with your application!

### VI. Parent/Guardian Signature



I have reviewed this application, and I authorize my son/daughter/ legal ward to apply to join the City Year Young Heroes Program.

Printed Name

Signature

Date

Please send completed application and recommendation form to:

CITY YEAR YOUNG HEROES  
1875 Connecticut Ave NW, Ste. 1130  
Washington DC 20009

OR FAX TO: 202.776.7788

Contact Stefanie Vestal at 202.742.7396 wth questions.

# YOUNG HEROES

FOR MIDDLE SCHOOL STUDENTS

## 2010 Application

### WHY JOIN:

**DO** cool service projects

**MEET** people from all over your community

**BE** a LEADER and  
make a difference in YOUR community!

If you are up for the **CHALLENGE**,  
and ready to make a **COMMITMENT**,

## APPLY TODAY!

Visit us at: [www.cityyear.org/dc](http://www.cityyear.org/dc)

- 1) Fill out this application (also available online)
- 2) Have your parent or guardian sign the application, and
- 3) Give the recommendation form to a coach, teacher or adult mentor to complete and return.
- 4) Send everything to City Year:  
1875 Connecticut Ave NW, Ste. 1130  
Washington, DC 20009

or

fax it to: 202-776-7788

**Early Deadline: October 24, 2009**

**Final Deadline: December 5, 2009**

**Return your application early to reserve a spot!**



**YOUNG HEROES**

NATIONAL LEAD PARTNER

Bank of America



NATIONAL LEADERSHIP SPONSORS



Bank of America

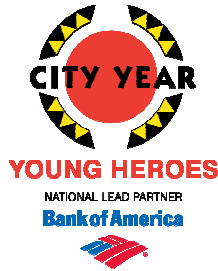


Comcast [CSX]





# Young Heroes Application 09-10



## I. About You



Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(street & apt. #) (city, state, zip)

Home Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Gender: Male Female Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

How did you hear about Young Heroes? \_\_\_\_\_

Ethnicity: (please circle one below) (optional)

African-American/Black

Caucasian/White

Asian American/ Pacific Islander

Multiracial/Other

Hispanic/Latino(a)

American Indian/Alaskan Native

## II. About Your Parents/Guardians



Mother  Guardian

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_  
(cell) \_\_\_\_\_

Father  Guardian

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_  
(cell) \_\_\_\_\_

## III About Your School



School Name: \_\_\_\_\_

Grade \_\_\_\_\_

Homeroom Teacher: \_\_\_\_\_

## IV. Short Answer Questions



Please use the space below to answer the following questions.

1) Why do you want to be part of the Young Heroes program?

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2) How do you think young people can make a difference in their community? What are some ways this could be demonstrated?

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