



# Western Maryland Jaycees

## Junior Jaycee Application – Ages 12-20

### Student Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School Attending: \_\_\_\_\_

Employer if Applicable: \_\_\_\_\_

### Interests

|  |       |
|--|-------|
| Community: (ex supply drives, animal shelter, etc) | Y / N |
| Individual: (cooking classes, networking, etc)     | Y / N |
| International: (pen pals, cultural studies, etc)   | Y / N |
| Business: (financial management, projects, etc)    | Y / N |

T-Shirt Size: \_\_\_\_\_

Do you have Reliable transportation?    Yes    /    No    /    Sometimes

### Parent/Guardian Information – Under 18 Required

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

### Emergency Contacts

**Please list 2 Contacts:** Contacts must be over 18 and if applicant is under 18, must be in addition to the guardian listed under previous section.

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

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_

Full Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Notes: \_\_\_\_\_

**Medical**

Allergies?

YES

NO

If Yes, please list Allergies: \_\_\_\_\_

Medical Conditions?

YES

NO

If Yes, please list Medical Conditions: \_\_\_\_\_

**Social Media Release – Under 18 Applicants**

*Our organization has social media accounts, and these will be use to post events, updates, and will share photos or videos of those within the organization. Please confirm that your child (if under 18) is approved to be on our social media platforms.*

\_\_\_\_\_ **Yes! I give my permission**

\_\_\_\_\_ **No, I prefer my child's picture/videos are not shared**

\_\_\_\_\_ **Parent/Guardians Initials**

**Disclaimer and Signature**

*I certify that I give permission for myself/my child to participate and be part of the Western Maryland Junior Jaycees (If Applicant is under 18, parent/guardian signature required)*

Student  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**COMPLETE**

Once Complete please email to [wmdjuniorjaycees@gmail.com](mailto:wmdjuniorjaycees@gmail.com)