

# Urban Trail Blazers Application

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By SuiK at 4:38 pm, Feb 28, 2017  
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Please print in ink or type. Bring completed applications to **Interview Day on Saturday, April 15<sup>th</sup> 2017** between **10:00 am - 3 pm** at the Crissy Field Center, 1199 East Beach, Presidio. For questions and making an appointment please call Middle School Manager Sam Tran at 415.561.7769 or e-mail [stran@parksconservancy.org](mailto:stran@parksconservancy.org).

## Part I. Applicant Information

Name \_\_\_\_\_  
First
Last
Middle Initial

Address \_\_\_\_\_  
Street
Apt.
City
Zip Code

Primary phone (\_\_\_\_) \_\_\_\_\_ Secondary phone (\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_ Shirt size (Adult) \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Ethnicity (optional) \_\_\_\_\_

Current grade level \_\_\_\_\_ Middle School (must be public) \_\_\_\_\_

## Part II. Applicant History

Extracurricular activities or youth organizations that you are associated with (Please List)  
 \_\_\_\_\_

Have you ever applied to the Urban Trailblazers program YES \_\_\_ NO \_\_\_  
 Which year: Circle One 2015 2016 Did you get accepted: YES \_\_\_ NO \_\_\_

Have you or your family ever participated in Crissy Field Center programs before if so what was it?  
 \_\_\_\_\_

**REMEMBER TO COMPLETE THE SHORT ANSWER QUESTIONS ON THE BACK**

*I acknowledge that all statements on this application are true and complete to the best of my knowledge.*

**crissy field center**  
**youth • leadership • environment**

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
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### Part III. Parental Approval Form

**PARENTS / GUARDIANS:** Will your child be able to participate in the full 7-week program,  
June 12<sup>th</sup> Monday, Mandatory Orientation 11:30 pm - 3:30 pm  
June 13<sup>th</sup> - July 28<sup>th</sup>, Tuesday - Friday, this includes no less than 3 overnight trips.  
June 13<sup>th</sup> - July 28<sup>th</sup> Yes\_\_\_\_ No\_\_\_\_ If no, please explain \_\_\_\_\_

The Crissy Field Center strives to serve students and communities who can most benefit from our program \* does your child qualify for free/reduced lunch program at his or her current school?  
Please circle one **YES** or **NO**

I have read the overview about Urban Trail Blazers and understand the expectations of the program. I give my child permission to apply and, if accepted, participate in the program.

\_\_\_\_\_  
*Print Name of Parent of Guardian*

\_\_\_\_\_  
*Parent or Guardian Signature and Date*

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### Part IV. Short Answer

**PARTICIPANTS:** *Please answer each of the following questions the best you can on a separate sheet of paper and attach to the application. Reminder, neatness counts!*

1. What would you like to accomplish during the summer time in UTB?
2. Describe a problem in your community that you are passionate about and why it is important to you. What changes do you want to make concerning this issue?
3. What positive qualities/skills will you bring to the program?  
(Describe at least one)
4. Describe a group project in which you participated, school or non-school related. What was your role and what made your role important?
5. What unique perspective will you bring to Urban Trailblazers?  
(Cultural/ethnic background, class, sexual orientation, family structure and etc.)
6. How do you define leadership and give one example on how you are a leader? (school, home, or community)

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