

# Application for Teen Sib Leadership Award

For teens ages 13-17 who have siblings with disabilities



**If you are interested in being considered for a WisconSibs Teen Sib Leadership Award, here's what you do:**

- Complete the Teen Sib application below and submit no later than May 1. Two adult references are required. References may be from a teacher, minister, employer, relative, or adult friend.
- Be sure both you and your parent/guardian sign the form.
- Mail to: WisconSibs Teen Sib Leadership, 211 E Franklin St, Appleton, WI 54911 or email to [info@wisconsibs.org](mailto:info@wisconsibs.org).

If you are selected as an award winner, **you will be notified by May 15 along with Teen Sib Leadership Day details** (to take place in June).

Note: Attending the Teen Sib Leadership Day is not required, but highly recommended to all award winners, past and present. Invitations to the Teen Sib Leadership Day will be mailed by May 15. Space is limited and enrollment will be closed when spaces are filled.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street address: \_\_\_\_\_ Tshirt size \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_ (one you check at least weekly)

School: \_\_\_\_\_ Graduation year \_\_\_\_\_

Race: \_\_\_\_\_ Gender (M or F): \_\_\_\_\_ County of residence \_\_\_\_\_

If you have a Driver's license, please provide your license #: \_\_\_\_\_

Name of sibling with disability \_\_\_\_\_ Age \_\_\_\_\_

Diagnosis or description of condition (cerebral palsy, non-verbal, cognitive delay, etc)  
\_\_\_\_\_

Are you currently involved in volunteer activities at school, church, community? \_\_\_\_\_  
If so, please describe: \_\_\_\_\_

List tasks or jobs you volunteer to do within your family or home:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hobbies/interests:  
\_\_\_\_\_  
\_\_\_\_\_

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List 4-5 words that you believe other people would use to describe you?

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Please check any of the areas for which you may like to volunteer now or in the future::

- I would like to become a trained **Sibshop facilitator** (ages 16 and over.)
- I would like to be a **Sibshop mentor** and be matched with a younger child attending programs. (ages13+)
- I would like to volunteer for **SibDays of Summer or other WisconSibs summer programs**
- I would like to help with organizing or working at a **WisconSibs fundraiser**
- I would like to participate in a **Teen Sib Leadership Board**, providing input to WisconSibs programs and making presentations on behalf of WisconSibs to schools, civic clubs, churches, and other groups
- I would like to serve on the **WisconSibs Board of Directors** (older teens and adults)
- I would like to (write your own idea) \_\_\_\_\_

Who is someone you believe to be a good leader (living or not, real or fiction, youth or adult)? Briefly describe what you most admire about them.

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References: Please list the complete name, address, phone number of at least 2 adults with knowledge of your character, experiences and ability. **NO MORE THAN ONE RELATIVE.**

1. **Name** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

2. **Name** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**I HEREBY CERTIFY THAT ALL OF THE INFORMATION IN THIS APPLICATION IS CORRECT.**

Your Signature \_\_\_\_\_ Date: \_\_\_\_\_

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

**Thank you for applying. If you have any questions, please feel free to contact us.**

**Harriet Redman, WisconSibs Exec Director**  
[info@wisconsibs.org](mailto:info@wisconsibs.org) 920-450-2609 (cell-leave a message)

**Tessa Lewis, Assistant**  
[tessa@wisconsibs.org](mailto:tessa@wisconsibs.org) 920-851-6441

**[MAIL THIS APPLICATION TO WisconSibs, 211 E FRANKLIN ST, APPLETON, WI 54911 by May 1.](#)**