



# Wisconsin Youth Conservation Congress



## Youth Conservation Congress Application

Name of youth applicant: \_\_\_\_\_ Date of application: \_\_\_\_\_  
Gender: \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address: \_\_\_\_\_ County of residence: \_\_\_\_\_  
\_\_\_\_\_  
Grade level: \_\_\_\_\_  
Youth cell phone: \_\_\_\_\_ if applicable Graduation year: \_\_\_\_\_  
Youth email: \_\_\_\_\_ Name of school: \_\_\_\_\_  
Parent/guardian name: \_\_\_\_\_  
Parent/guardian cell phone: \_\_\_\_\_ Parent/guardian email: \_\_\_\_\_  
Emergency Contact (please list different contact than parent/guardian named above):  
Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to participant \_\_\_\_\_  
How did you hear about the Youth Conservation Congress? \_\_\_\_\_  
Will your participation in the YCC be used for independent study, school credit, or volunteer hours? Yes No  
Please indicate your area(s) of interest:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Wildlife        | <input type="checkbox"/> Endangered Resources | <input type="checkbox"/> Waste and Remediation |
| <input type="checkbox"/> Fisheries       | <input type="checkbox"/> Parks and Recreation | <input type="checkbox"/> Air Management        |
| <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Forestry             | <input type="checkbox"/> Water Resources       |
| <input type="checkbox"/> Other _____     |   |  |

Briefly explain why you are interested in participating in the Youth Conservation Congress. Please include the outdoor activities in which you participate and your involvement in outdoor or conservation organizations:

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I, \_\_\_\_\_, affirm that the information provided above is accurate and truthful.  
(Print name of applicant)



## Youth Conservation Congress Application

\_\_\_\_\_ has indicated an interest in participating in the Wisconsin Youth Conservation Congress.

(Print name of applicant)

Participation in the YCC is being done with the goal of developing and mentoring future conservation leaders. The parent and/or legal guardian (signed below) has given their permission for the minor to attend and participate in WCC functions such as study committee meetings, the Annual Convention, Spring Hearings, district meetings, and other WCC functions.

The parent and/or legal guardian understands that the above named minor may be offered the opportunity to participate in conservation-related activities with Wisconsin Department of Natural Resources staff. Activities may include, but are not limited to, field days, fish netting or wildlife surveys, tagging or marking fish at a hatchery facility, assisting with habitat assessments, and boating activities associated with fisheries management. The parent/legal guardian understands that such activities may involve physical activity and may take place outdoors. The parent/legal guardian understands the risks involved with participation and has given their permission for the minor to participate in such activities.

The parent/legal guardian agrees to assume full responsibility for the minor's participation in any such activities. The parent/legal guardian hereby agrees to release, hold harmless, and waive any and all claims against the Wisconsin Department of Natural Resources, its employees and agents, and the Wisconsin Conservation Congress and its delegates for any bodily injury, accident, illness, death, loss or damage to personal property, or other claims related to the minor's participation in such activities.

The parent/legal guardian consents to the reproduction and use of my likeness by the State of Wisconsin, Department of Natural Resources / Wisconsin Conservation Congress in all manners, including advertising, display, exhibition and art purposes in perpetuity. And the parent/legal guardian consents to the use of the minor's photograph by any nominee or designee of the State of Wisconsin, Department of Natural Resources/ Wisconsin Conservation Congress including any publisher or agency, and such picture of me may be used for all of the aforesaid purposes without any limitation or reservation.

I, \_\_\_\_\_, authorize \_\_\_\_\_ to participate in  
(Parent/legal guardian printed name) (Youth participant printed name)

Department of Natural Resources/Wisconsin Conservation Congress/Wisconsin Youth Conservation Congress meetings and activities. I further consent to the photo release for the applicant as described above.

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

Applicant Signature: \_\_\_\_\_, Date: \_\_\_\_\_

All Youth Conservation Congress delegates will be assigned a Conservation Congress adult delegate mentor from their county or a nearby county. Do you already have a mentor? Yes No

**If you already have a mentor, please fill out and include the mentor form with this application.** If you do not have a mentor, you do not need to fill out the mentor form at this time. We will help match you with a WCC delegate locally.

**Mail this application to:** Kyle Zenz, DNR Field Office, 910 Hwy 54 E, Black River Falls, WI 54615

**Your application will be followed up by a short phone interview.**



# Wisconsin Youth Conservation Congress



## YCC Mentoring Program Activity Consent Form

☒ Complete and send in this form in when YCC delegate has been matched with a mentor

### Wisconsin Youth Conservation Congress Participant:

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

Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

Birth date (month/day/year) \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Emergency contact during activity:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

### WCC Mentor/Sponsor Contact Information:

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

Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

Birth date (month/day/year) \_\_\_\_/\_\_\_\_/\_\_\_\_ required for background check

Relationship to YCC participant \_\_\_\_\_

\_\_\_\_\_ has indicated an interest in participating in the Wisconsin Youth Conservation Congress. Participation in the YCC is being done with the goal of developing and mentoring future conservation leaders. The parent and/or legal guardian (signed below) has given their permission for the minor to attend and participate in WCC functions such as study committee meetings, the Annual Convention, Spring Hearings, district meetings, and other WCC functions listed above. The minor will be accompanied by the WCC member, (signed below), who will act as his/her mentor/sponsor throughout the YCC participant's term.

The parent and/or legal guardian understands that the above named minor may be offered the opportunity to participate in conservation-related activities with Wisconsin Department of Natural Resources staff. Activities may include, but are not limited to, field days, fish netting or wildlife surveys, tagging or marking fish at a hatchery facility, assisting with habitat assessments, and boating activities associated with fisheries management. The parent/legal guardian understands that such activities may involve physical activity and may take place outdoors. The parent/legal guardian understands the risks involved with participation and has given their permission for the minor to participate in such activities.

The parent/legal guardian agrees to assume full responsibility for the minor's participation in any such activities. The parent/legal guardian hereby agrees to release, hold harmless, and waive any and all claims against the Wisconsin Department of Natural Resources, its employees and agents, and the Wisconsin Conservation Congress and its delegates for any bodily injury, accident, illness, death, loss or damage to personal property, or other claims related to the minor's participation in such activities.

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# Wisconsin Youth Conservation Congress



## YCC Mentoring Program Activity Consent Form

(Continued from previous side)

Parent/Legal Guardian Printed Name \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

I understand & agree to abide by all WCC Code of Procedures & be an active participant.

Youth WCC Participant Printed Name \_\_\_\_\_

Youth WCC Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

The minor has been given permission by the following parent or legal guardian as stated above, to attend and participate in Wisconsin Conservation Congress functions and be accompanied by \_\_\_\_\_,  
(WCC Mentor)

As the WCC Mentor, I agree to be responsible for the transportation, supplies and/or provisions necessary for the minor to participate in and attend WCC functions. I also understand that participation in this activity is entirely voluntary and requires participants to abide by any and all applicable rules and standards of conduct, to include the WCC Code of Procedures. Therefore, I will assure that the minor behaves in a proper, respectable, and safe manner.

WCC Mentor/Sponsor Printed Name \_\_\_\_\_

WCC Mentor Signature \_\_\_\_\_ Date \_\_\_\_\_

Please include this mentored activity consent form with your YCC application and mail to:

Kyle Zenz  
DNR Field Office  
910 Hwy 54 E  
Black River Falls, WI 54615