



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:

I, _____, affirm that the information provided above is accurate and truthful.

(Print name of applicant)



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_____ 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.



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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.

(over)



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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