



2025/2026 C.O.O.L. Teen Leadership Application Form

OUR MISSION is to improve area high school students understanding of Community, Occupations, Organizations, and Leadership skills to form our next generation of leaders. Learning objects are based on the Department of Public Instruction's WI Youth Leadership Assessment. This assessment will measure student's leadership skills that are most valued by employers, communities, and organizations.

C.O.O.L. TEEN LEADERSHIP IS FOR YOU IF...

- You will be a high school sophomore during the 2025-26 school year
- You want to learn more about your community
- You want to explore careers within the Heart of Wisconsin Area
- You want to develop your leadership potential

TO GET STARTED...

1. Please print clearly or type. This is a competitive process, neatness counts! Use this form – if you need more room, please attach a separate sheet of paper. Students are responsible for submitting a complete application package.
2. Answer the application questions on your own. The selection committee would like to get to know **YOU**, so feel free to express your personality. Complete all the information and sign your name.
3. Have your High School principal sign the form, thereby excusing you from class on *Teen Community Leadership* session days if you are chosen as a participant.
4. Have your parents or legal guardian sign the form, thereby granting permission for you to participate.
5. If completing a paper application, return your completed application package by **Thursday, May 16, 2025**, to your **school office to scan and send to Laura Bonner-Ridgway at workforce@wisconsinrapidschamber.com** .

Applicants will be notified of their participation status by the end of the school year.

If chosen to participate in the C.O.O.L. Teen Leadership program the total cost is \$100.00 (Assumption, Nekoosa, and Pittsville) or \$50.00 (Lincoln and Port Edwards). This fee covers program materials, lunches, and the End-of-the-Year Celebration event for participants. Payment is due to the school on or before the last day of freshman year. Contact your School Counselor or Principal if there is a need for financial assistance. Please make checks out to your school.

Meeting Dates: Tentative

2025 – Wednesday: Sep. 10, Sep. 17, Oct. 15, Nov. 19, Dec. 17

2026 – Wednesday: Jan. 21, Feb. 18, March 18, April 15, May 20

Participation Requirements:

1. **Attend all** scheduled program sessions
2. Have transportation to and from meetings (schools to decide on transportation options)
3. Do a community activity
4. Give a public presentation showcasing learning results.

Program Schedule:

The following program schedule is an outline of what students should expect at each session. Dates and session themes are subject to change. Please review these session dates to ensure availability prior to your application. Participants who miss more than two of the planned sessions below may be asked to withdraw from the HOW C.O.O.L. Teen Leadership program.

Each session will consist of tours of community businesses, learning the 7 Habits of Highly Effective Teens, lunch, assessment activities, speakers, discussion of the day, as well as pre- and post-surveys.

Wednesday, September 10, 2025, from 5-6:30 p.m.

Parent & Student Welcome – Orientation

Students and their parents will be introduced to the program, review expectations, sign permission forms, ask questions and make a payment if still needed.

Wednesday, September 17, 2025, 8:15 a.m. – 2:30 p.m.

Opening Session

- Community Focus/Career Focus - **Agriculture, Food, and Natural Resources**
- Assessment: **Communicates Effectively with Others** (Activity: **Qualities of a Leader**)
- 7 Habits of Highly Effective Teens, Research Career Cluster on Mid-State website

Wednesday, October 15, 2025, 8:15 a.m. – 2:30 p.m.

- Community Focus/Career Focus – **Law, Public Safety, and Security**
- Assessment: **Collaborates Productively with Others & Demonstrates Effective Team-Building Skills**

Wednesday, November 19, 2025, 8:15 a.m. – 2:30 p.m.

- Community Focus/Career Focus – **Health Science**
- Assessment: **Critical thinking/Problem solving** (Activity: **Alphabet Dancing, Elevator Pitch**)
- 7 Habits of Highly Effective Teen, Research Career Cluster on Mid-State Website

Wednesday, December 17, 2025, 8:15 a.m. – 2:30 p.m.

- Community Focus/Career Focus – **Information Technology**
- Assessment: **Demonstrates creativity** (**Challenge Perceptions**)
- 7 Habits of Highly Effective Teen, Research Career Cluster on Mid-State Website

Wednesday, January 21, 2026, 8:15 a.m. – 2:30 p.m.

- Community Focus/Career Focus: **Business, Mgt., Administration, Finance & Hospitality**
- Assessment: **Exhibits Accountability**
- 7 Habits of Highly Effective Teen, Research Career Cluster on Mid-State Website

Wednesday, February 18, 2026, 8:15 a.m. – 2:30 p.m.

- Community Focus/Career Focus: **Manufacturing**
- Assessment: **Facilitates Productive Group Processes & Demonstrates Openness to Learning/Feedback**
- 7 Habits of Highly Effective Teen, Research Career Cluster on Mid-State Website

Wednesday, March 18, 2026, 8:15 a.m. – 2:30 p.m.

- Community Focus/Career Focus: **Non-Profit and Finalize activities to present at celebration.**
- Assessment: **Engages in Strategic Planning/Management & Actively Seeks Out and Participates in Opportunities to Learn or Be Trained (Who's at your Table)**
- 7 Habits of Highly Effective Teen, Research Career Cluster on Mid-State Website

Wednesday, April 15, 2026, 8:15 a.m. – 2:30 p.m.

- Community Focus/Career Focus: **Construction, Architecture & Engineering**
- Assessment: **Demonstrates Cultural Competence & Practices Ethical Behavior (Ethical Dilemmas)**
- 7 Habits of Highly Effective Teen, Research Career Cluster on Mid-State Website

Wednesday, May 20, 2026, 8:15 a.m. – 2:30 a.m.

- Focus: **Mid-State – Tying it All Together**
- Assessment: **Delegates Tasks as Appropriate & Shows Initiative and Self-Direction**
- 7 Habits of Highly Effective Teen, TOUR Career Cluster at Mid-State
- **End-of-the-Year Celebration**
Parents, grandparents, family, teachers, and friends are invited to celebrate the student's completion of this program. Activity work and awards will be presented at this event.

Applicant Requirements:

To be eligible for participation students must:

1. Be a sophomore.
2. Be in good academic standing (attach current transcript to application).
3. Be able to participate in the activities throughout the entire next school year, as listed above.
4. Complete the following application.

Application Instructions:

Return this form to your school's main office. Instruct them to scan and send to Laura Bonner-Ridgway at workforce@wisconsinrapidschamber.com . All applications must be returned by May 9, 2024.



Student's Information

Name _____ Date of Birth _____ Cell Phone _____

Primary Address _____ City _____ Zip _____

E-mail address _____ Circle if you have: Facebook/Text message

Current School _____

Current GPA _____ Elementary School Attended _____

Food-vegetarian/allergy: _____

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Parent/Guardian Information

Mother's Name _____ Contact Phone _____

Address _____ City _____ Zip _____

Father's Name _____ Contact Phone _____

Address _____ City _____ Zip _____

Parent/Guardian E-Mail address _____

Why are you interested in participating in the C.O.O.L. Teen Leadership Program?

What volunteer or leadership roles have you taken on within your school or community?

Please list:

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What are your interests? (Hobbies, possible career goals, school, and community involvement.
What do you like to do in your spare time?)

What do you like about your community?

What does leadership mean to you and what do you expect to gain from this program?

Describe one personal accomplishment that you are most proud of, and why:

Applicant - I hereby certify that all information contained in this document is true and accurate to the best of my knowledge. I hereby give consent to the Heart of Wisconsin C.O.O.L. Teen Leadership to access and release all the above information and any information related to business and promotions. Photos will be taking during each session and used in promotional pieces. I understand that I may revoke consent for release of information and promotion at any time in writing.

I hereby understand that the Heart of Wisconsin C.O.O.L. Teen Leadership consists of several components including interactive sessions and meeting community leaders. I further agree to actively participate in each of these areas and understand that participation is a requirement for this program.

Applicant Signature _____ Date _____

Principal/Administrator

I hereby grant my permission for the student named above to participate in Heart of Wisconsin C.O.O.L. Teen Leadership Program. If selected, the student will be excused from regular school attendance during session days.

Printed Name _____ Date _____

Principal/Administrator Signature _____

Parent/Legal Guardian

I hereby grant permission for the student named on the application to apply for Heart of Wisconsin (HOW) Chamber of Commerce C.O.O.L. Teen Leadership Program and if selected, to participate in the program. I hereby give consent for the student's quotes and photographs to be taken during session days or otherwise for the HOW Chamber of Commerce C.O.O.L. Teen Leadership program promotions. The student is excused from regular school attendance during session days. If the student misses more than two sessions without prior approval, they can be removed from the program. It is important that they make this a priority as the others in the program rely on them for select activities in the program. I understand there is a **\$100 fee due before the first session**. Make checks payable to your school before September 11, 2024. The school will then pay the Heart of Wisconsin Chamber of Commerce Community Incubator.

Release:

In granting permission for participation in the HOW C.O.O.L. Teen Leadership Program. I hereby release and hold harmless the sponsoring agencies from and against any loss, damage, accident, or expense arising out of, or in any way related to, participation in the HOW C.O.O.L. Teen Leadership Program, acknowledge that I have carefully read this release and understand its impact and effect. I acknowledge that if I had any question regarding this release, that I have exercised my right to have it reviewed and further explained to me prior to my signing.

Transportation:

Transportation to the HOW C.O.O.L. Teen Leadership Program will be provided through each participating school district. Transportation at the conclusion of each session will either be provided by the school or parents depending upon school arrangements. Students involved in this program may be asked to do activities around the community that would involve transportation outside of school hours. The students that have licenses are allowed to drive if their school allows it, this is at their own risk.

Medical Care and Disclosure:

I hereby give permission to the supervisors, instructors, and any other trained medical personnel to treat the student named in a situation that requires medical attention. I authorize said supervisors and instructors to seek such medical advice, treatment, and services as they deem necessary, in their sole discretion, which may be necessitated because of any injury or illness the child suffers because of participation in the activities of the HOW Chamber of Commerce C.O.O.L. Teen Leadership Program.

I further agree to accept any financial responsibility for the care and treatment of such injuries or illnesses and for such further medical services which are required, even though all attempts to contact responsible parties have failed and there is urgency with respect to treatment, or in the case in which benefits of my health insurance have been depleted and additional medical expenses or loss of income occur.

I understand that any medication the student may need for severe allergies (including bee stings), asthma, or other such medical condition(s) must be brought with the student to the program. List of medications they might be bringing with:

I have read the foregoing documents in their entirety, and I fully understand the terms. I am freely and voluntarily signing my name to it.

Printed Name _____ Date _____

Parent/Legal Guardian Signature _____

If more than one parent/legal guardian authorization is required, please complete the following:

Printed Name _____ Date _____

Parent/Legal Guardian Signature _____

MINOR PHOTO RELEASE FORM

I, _____, the parent or legal guardian of
_____ grant the Heart of Wisconsin Chamber of Commerce my permission to use
the photographs and videos taken at any and all C.O.O.L. Teen Leadership Program sessions and events by staff of the Heart
of Wisconsin Chamber of Commerce for any legal use, including but not limited to: publicity, copyright purposes,
illustration, advertising and web content.

Furthermore, I understand that no royalty, fee, or other compensation shall become payable to me by reason of such use.

Parent / Guardian Signature: _____ Date: _____

Parent / Guardian Name: _____

Child's Name: _____