



# Youth Conservation Congress Application



Name of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

County: \_\_\_\_\_

High School: \_\_\_\_\_

Current School Year: \_\_\_\_\_ - \_\_\_\_\_

School Address: \_\_\_\_\_

Grade Level: \_\_\_\_\_

\_\_\_\_\_

Will your participation in the YCC be used for independent study, school credit, or volunteer hours?

Yes No If yes, who is your advisor/ teacher? \_\_\_\_\_

Please indicate your areas of interest:

- Wildlife
- Fisheries
- Law Enforcement
- Other \_\_\_\_\_
- Endangered Resources
- Parks and Recreation
- Forestry
- Waste and Remediation
- Air Management
- Water Resources

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

(Print name of applicant)

accurate and truthful.

I further consent 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 I consent to the use of my 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.

Applicant signature: \_\_\_\_\_, Date: \_\_\_\_\_

(Over)

I, \_\_\_\_\_, authorize the applicant to participate in  
(Parent/legal guardian 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: \_\_\_\_\_

I, \_\_\_\_\_, WCC delegate, \_\_\_\_\_ County, agree to  
(WCC Mentor printed name)

mentor/sponsor the above applicant.

WCC delegate signature: \_\_\_\_\_, Date: \_\_\_\_\_

Mail application to: Kari Lee-Zimmermann  
WCC/DNR Liaison  
PO Box 7921  
Madison, WI 53707