



## Albert Schweitzer's Leadership for Life 2021 Application Form

Name: \_\_\_\_\_ Sex: Male  Female   
Address: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
\_\_\_\_\_ Tel: \_\_\_\_\_ (home)  
\_\_\_\_\_ (mobile)

Email (Block Capitals) \_\_\_\_\_

Name of Participant School \_\_\_\_\_

City of Residence \_\_\_\_\_

State of Residence \_\_\_\_\_

Country of Residence \_\_\_\_\_

Country of Origin \_\_\_\_\_

Participant Passport Number \_\_\_\_\_

Name of Parent/Legal Guardian (please print) \_\_\_\_\_

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

Where to reach Parent/Legal Guardian in case of emergency:

Daytime Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Evening Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Name of another responsible adult \_\_\_\_\_

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

Contact Numbers \_\_\_\_\_

Email Address \_\_\_\_\_

Conference T-shirt Size: Small \_\_\_\_ Medium \_\_\_\_ Large \_\_\_\_ XLarge \_\_\_\_ XXLarge \_\_\_\_

**\*\*For the Indian and Asian delegations, these are American sizes\*\***  
**Please make sure to choose the correct size**

## Leadership Qualities:

Have you previously participated in the Albert Schweitzer Leadership for Life program? If yes, please state when and what module you participated in.

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Why would you like the opportunity to participate in the Albert Schweitzer Leadership for Life program?

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What leadership skills do you think you have?

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Please give an example of how you have demonstrated leadership within your community or abroad?

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During the leadership program you will develop a leadership goal. Please give details of a goal you would like to achieve and the steps you would take to do so.

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Signed \_\_\_\_\_  
(Participant)

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

#### **Parent/Guardian Consent:**

I give permission for the above named to apply to attend the Albert Schweitzer's Leadership for Life Conference from Saturday, July 24<sup>th</sup> to Sunday, August 1<sup>st</sup>, 2021 at Maynooth University in Co. Kildare, Ireland.

#### **Photograph and Film Footage Release Statement:**

I give my consent to the ICCUSA Foundation, Inc. to publish and use photographs and film footage taken of my son/daughter (as named above) at the Albert Schweitzer's Leadership for Life Conference.

All materials become the property of ASLFL and may be used, without further permission, for publicity purposes including print, television or web based sources. If you have any queries in relation to the above condition, please contact ASLFL at: victoria@iccusa.org to discuss the matter.

Signed: \_\_\_\_\_  
(Parent/Guardian)

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

*FOR STUDENTS COMING FROM ABROAD, THEY MUST BRING THEIR ORIGINAL APPLICATION WITH A LETTER OF CONSENT FROM BOTH PARENT/GUARDIAN WITH THEIR PASSPORT FOR IRISH IMMIGRATION. THEY WILL BE ASKED TO PRESENT IT WHEN THEY ARRIVE TO THE AIRPORT.*

#### **Contact Information:**

The Ireland Chamber - United States (ICCUSA) & The ICCUSA Foundation, Inc.

Albert Schweitzer Leadership for Life

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[www.aschweitzer.org](http://www.aschweitzer.org) [www.iccusa.org](http://www.iccusa.org)