



Albert Schweitzer's Leadership for Life 2024 Application Form

Name _____

Sex Male

Female

Address _____

Date of Birth _____ / _____ / _____
Date Month Year

Tel _____ (home)
Country Code

_____ (student's mobile)
Country Code

Email of Student (Block Capitals) _____

Name of Participant School _____

Country of Residence _____

Country of Origin _____

Participant Passport Number _____

Name of Emergency Contact #1 _____

Relationship to participant _____

Contact Phone Numbers _____

Email Address _____

Name of Emergency Contact #2 _____

Relationship to participant _____

Contact Phone Numbers _____

Email Address _____

Conference T-shirt Size: Small _____ Medium _____ Large _____ XLarge _____ XXLarge _____

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.

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

What leadership skills do you think you have?

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

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.

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 Sunday, July 21st to Sunday, July 28th, 2024 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 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 www.iccusa.org