



What We Do You Can Too

## DEAR APPLICANT:

What We Do You Can Too (WWDYCT) is program is supported by the NC Chapter of the Public Relations Society of America, the Triangle Chapter of the American Marketing Association, and the Triangle Chapter of the American Advertising Federation. This work-based learning program is designed to expose high school students in Wake County to careers in the strategic communications field. If you are interested in participating in the WWDYCT Program during the summer of 2019, please follow the instructions below in order to complete the application process:

1. Complete the entire application packet with the required information.
2. Sign the photo release and guardian consent form.
3. Submit a letter of recommendation from an academic teacher, community agency, high school counselor, or principal.
4. 4. Send completed application to [wwduc2@gmail.com](mailto:wwduc2@gmail.com).

Your application will not be processed if there is incomplete information. Once your application has been received, you will be notified by email if you were selected by May 15, 2019. If you have any questions, please contact Vernessa Roberts at 919-995-0264. Thank you for your interest in our program.

Sincerely,

WWDYCT Program Coordinators



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## STUDENT INFORMATION

Name: \_\_\_\_\_  
[ first, middle, last ]

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Student Cellular Phone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M or F

Current Grade Level: [ 9 ] [ 10 ] [ 11 ] [ 12 ]

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

Expected High School Month and Graduation year: (MM/YY) \_\_\_\_\_ / \_\_\_\_\_

Are you a: US Citizen or Permanent Resident or Other \_\_\_\_\_

Are you a:

US Citizen or Permanent Resident or Other \_\_\_\_\_

Instagram: \_\_\_\_\_

Twitter: \_\_\_\_\_



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## FAMILY INFORMATION FORM

ALL INFORMATION ON THIS FORM WILL BE HELD STRICTLY CONFIDENTIAL.

Parent/Guardian 1: \_\_\_\_\_

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

City: \_\_\_\_\_

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

State: \_\_\_\_\_

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

Zip: \_\_\_\_\_

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

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

Parent/Guardian 2: \_\_\_\_\_

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

City: \_\_\_\_\_

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

State: \_\_\_\_\_

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

Zip: \_\_\_\_\_

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

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

## MEDICAL HISTORY

Does your child have a physical impairment, medical condition, emotional or psychological problems, or Disability? [ Yes ] [ No ]

If yes, please list: \_\_\_\_\_

Does your child take any type of medication? [ Yes ] [ No ]

If yes, please list: \_\_\_\_\_

Does your child have any allergies? [ Yes ] [ No ]

If yes, please list: \_\_\_\_\_

I certify that the information contained in this application is correct to the best of my knowledge.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



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## STUDENTS PERSONAL STATEMENT & PROMPT

In 500 words or less, please provide a short description of yourself including your academic interests, skills, and career goals.

Prompt: A non-profit is creating a statewide nonpartisan awareness campaign to encourage college-age students to vote in their upcoming local election. The organization conducted research for the past two years and found young adults, ages 18-24, are not voting in local elections. This non-profit knows that their target audience uses social media frequently and wants to use certain platforms to reach them. The awareness campaign is set to start two weeks prior to election day.

Please pick one of the two options below to complete.

1. In 400 words or less, please write a blog entry for the non-profit's website. This blog should be discussion based, encouraging the target demographic to take some kind call to action. Include information such as the non-profit's name, mission, and goal.
2. Produce a video of no more than 60 seconds that will run as an Instagram ad two weeks before election day. This video should include key information like the non-profit's name, mission, goal, and a call to action.

Note: You are allowed to create the remaining information about this project needed, such as the name of the non-profit, the goal, mission, election date, and research results.



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## PROGRAM RELEASE FORM

Student's Name: \_\_\_\_\_

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

The information requested on this form will be utilized to assist us in providing services for your child. To provide the most effective services, we may need to obtain information from several sources such as your child's school of enrollment, testing agencies, counselors, social workers, etc. All information received will be kept confidential in compliance with the family educational rights and privacy act.

### WAIVER OF LIABILITY

As a parent and legal guardian of the above-mentioned student, I authorize and permit my child to participate in field trips, activities, and events offered by the WWDYCT. I understand that I am responsible for finding transportation accommodations for the duration of this program. I agree that WWDYCT will not be held liable for any loss, injury, or death related to any field trips, or events. Further, I agree to hold WWDYCT members, officers, staff, volunteers, and the school my child is attending harmless from any claims whatsoever occasioned in any of the situations that I have agreed, that WWDYCT shall not be held liable.

In the event that my child, \_\_\_\_\_ is involved in a medical emergency, I authorize the WWDYCT staff to make decisions regarding immediate medical attention (hospitalization, administration of prescribed medications, doctor treatment, etc.) if they are unable to contact me for verbal authorization.

Insurance Name and Number: \_\_\_\_\_

Medicaid Card Number: \_\_\_\_\_

Emergency One Contact Name: \_\_\_\_\_

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

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

Emergency Two Contact Name: \_\_\_\_\_

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

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

### MEDIA RELEASE

Periodically, students may be photographed, filmed, or interviewed. As the parent and/or legal guardian of \_\_\_\_\_, I grant permission for my child to participate in photographs, films, social media or interviews as they pertain to the WWDYCT and I understand that such pictures, films, social media, or interviews may be used to promote or publicize WWDYCT events.

Parent's Signature \_\_\_\_\_

Student's Signature \_\_\_\_\_