



PO Box 33441, Raleigh, NC 27636

Empowering the next generation to advance gender equality in North Carolina.

WomenNC Youth Leaders for Change Program Parent/Guardian Permission Form

If your child is under 18, please complete this form.

Student Name: _____
Date of Birth: _____
School Name: _____
Grade Level (Circle One): Junior | Senior
City/State: _____

Program Overview

The WomenNC Youth Leaders for Change Training Program is a transformative, 9-month initiative for high school juniors and seniors in North Carolina. From September through June, students gain essential leadership and professional development skills while fostering a passion for advocacy and community impact.

Our goal is to build a pipeline between high school and college leadership. Graduates of this program are encouraged to apply to the WomenNC College Scholars Program, continuing their growth as advocates for gender equity.

Eligibility Criteria

Applicants must:

- Be a current high school junior or senior
- Attend school in **Orange, Durham, or Wake County**
- Have a minimum GPA of 3.0
- Demonstrate leadership potential and a commitment to community service
- Be available to fully participate from **September through June**, including mandatory attendance at the **October Kickoff Event** (October 23, 2025) and the **February Local to Global Forum**

Consent & Emergency Information

Parent/Guardian Name: _____

Phone Number: _____

Email: _____

Permissions

Please check all that apply:

☐ I give permission for my child to participate in the **selected virtual WomenNC Youth Leadership Program workshops** from **September 2025 through May 2026**.

☐ I give permission for my child to attend in-person events, including, but not limited to the WomenNC October Kickoff Event, February Local to Global Gala, and Advocacy Day at the North Carolina General Assembly.

☐ I understand that my child will participate in workshops via secure platforms (e.g., Zoom) alongside other high school and college students, and young professionals.

☐ I give permission for my child's photo (as submitted or taken in virtual or in person sessions), name, or written content to be shared in WomenNC's communications (e.g., newsletters, reports, social media). (*Optional – uncheck to opt out.*)

☐ I give participation for WomenNC to communicate with my child via email or text related to this program.

☐ I understand that it is my responsibility to ensure my child has access to a reliable internet connection and device for participation.

Liability Release

☐ I release and hold harmless WomenNC, its staff, board members, and volunteers from any and all liability related to my child's participation in this virtual workshop series.

Signatures

Parent/Guardian Signature: _____

Date: _____

Student Signature: _____

Date: _____