



The partnership of Ceeds of Peace, Women's Fund of Hawai'i and the American Association of University Women (AAUW) Honolulu Branch is launching a **FREE** summer girls leadership program called Girls Talk Back.

**WHO:** This program will serve girls, ages 14-18.

**WHAT and WHY:** You will learn leadership and community organizing skills from experienced educators and renowned mentors from our community. You will have the opportunity and guidance to launch and lead action plans to address community issues YOU care about. And, you will receive a healthy lunch every class session.

**WHEN:** Program will run from June 10, 2019 to July 19, 2019 – Mondays, Wednesdays, and Fridays from 9:00am to 1:00pm. You will receive support and guidance from community mentors and partnership staff beyond the course of the program.

**WHERE:** Hui Mālama O Ke Kai (41-477 Hihimanu St., Waimānalo, Hawai'i 96795)

For more information, contact: [scott.nishimoto@ceedsofpeace.org](mailto:scott.nishimoto@ceedsofpeace.org)

## Application for Girls Talk Back

Please email a photo/scan of application and permission form to [scott.nishimoto@ceedsofpeace.org](mailto:scott.nishimoto@ceedsofpeace.org) or mail to PO Box 235696, Honolulu, HI 96823 by April 30, 2019.

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

Current School: \_\_\_\_\_ Age: \_\_\_\_\_

Guardian Name: \_\_\_\_\_

Applicant Phone: \_\_\_\_\_ Guardian Phone: \_\_\_\_\_

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

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

Briefly explain why you're interested in participating in Girls Talk Back this summer:

---

---

---

---

Briefly explain what matters to you? What are you passionate about? What would you like to change for the better?

---

---

---

Permission Form for Girls Talk Back

Adult Guardian FILL IN THIS PART:

I give permission for \_\_\_\_\_ to participate in Girls Talk Back.

I **do / do not** (circle one) give permission for their photograph to be taken at the event and to be used for publicity purposes. I absolve Ceeds of Peace from and responsibility for accident or injury which may occur during any aspect of this event, including transportation to and from the event. I give permission to the adult(s) in charge to provide or get emergency medical treatment for them, and I will be financially responsible for any such treatment.

Print adult guardian's name(s): \_\_\_\_\_

Emergency phone numbers of adult guardian: \_\_\_\_\_

Adult guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant signature: \_\_\_\_\_ Date: \_\_\_\_\_