

# Student Application Form



## PERSONAL INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Cell/Text Number: \_\_\_\_\_

Email: \_\_\_\_\_ Snapchat Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Roommate Request: \_\_\_\_\_ Tee Shirt Size (Check One): S M L XL 2XL

Number of Parents/Family members attending lunch on Thursday, July 11 (See No. 15 below): \_\_\_\_\_

## Parent/Guardian Contact Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Cell/Text or Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## SCHOOL INFORMATION

School Name: \_\_\_\_\_ County: \_\_\_\_\_

Principal Name: \_\_\_\_\_ School Phone: \_\_\_\_\_

What grade are you entering in August 2019? \_\_\_\_\_

How did you hear about the Tom Dunn Leadership Academy? (i.e. Facebook, email, classmate, parent, etc.)  
\_\_\_\_\_

Please provide two (2) references we may contact for recommendations for your participation in the Academy (and include their contact information).  
\_\_\_\_\_  
\_\_\_\_\_

Please provide any other relevant information.

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*Please provide any additional information you would like for us to consider on a separate page.*

## **TOM DUNN ENERGY LEADERSHIP ACADEMY DETAILS AND POLICIES**

Please review the following specific details and policies carefully before submitting your application:

1. This is a 3-day workshop that will take place July 9-11, 2019, at West Virginia Wesleyan College (WVWC) in Buckhannon, W.Va.
2. Participating students will learn about leadership, the energy industry, career opportunities available in the energy industry and what this important industry means to West Virginia.
3. There is no cost to participants for tuition, lodging or meals. Accommodations will be provided on the campus of WVWC at the expense of the Academy.
4. Participants will be responsible for their travel to and from WVWC.
5. All students who attend and participate will receive a certificate of completion for their efforts.
6. Participants are expected to attend all activities of the Tom Dunn Energy Leadership Academy (the "Academy") as outlined on the Academy's agenda.
7. No drugs, alcohol, firearms, pepper spray or weapons of any kind are permitted on campus. Possession of any of the above mentioned items will result in immediate dismissal from the Academy. Your parents or guardians will be notified and requested to remove you from the WVWC campus immediately.
8. Participants who drive their own vehicles to campus will be required to relinquish their car keys before being given a room key. At the end of the camp, car keys will be returned to the student when the room key is returned to the West Virginia Wesleyan College staff.
9. Cell phones should be turned off during any and all Academy events.
10. An Emergency 24 hour phone number is 304-473-8011. (Campus Security)
11. Outside visitors are not permitted.
12. Smoking is NOT permitted in any building on the campus of West Virginia Wesleyan College. There are designated outside areas.
13. Participants are expected to be in their residence halls nightly after 10:30 p.m., and shall NOT leave the WVWC campus
14. All participants must submit a completed Medical Release Form in the form attached prior to the start of the Academy.
15. Parents/Family members are invited to have lunch with Academy participants on the final day (Thursday, July 11) and meet with representatives of local academic and vocational institutions. (Please provide a head count above.)

## PHOTO RELEASE

In exchange for the opportunity to participate in the Tom Dunn Energy Leadership Academy, I hereby grant permission for the Academy in perpetuity, to use, broadcast, reproduce, and license the name, likeness, caricature, voice, and biographical material (collectively "appearance") of the student named below as recorded by the Academy during its July 9-11, 2019, session, in any and all manner and media throughout the world, whether or not now known. I agree that any reproduction of said appearance, pursuant to this release, may be edited or adopted at the sole discretion of the Academy, including, but not limited to publicity, advertising, promotion, publication and related purposes.

I freely give this release without any further consideration from the Academy and its officers, directors, agents, employees, licenses, and assigns from and against any and all claims which I have, or may have, for any cause, including without limitation, actions arising out of production, distribution, broadcast, exhibit, or any other use of said appearance of works.

I warrant that I fully understand all the terms of this release and their significance and have signed this release freely and voluntarily with such knowledge.

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*Each undersigned Student, Parent or Guardian agrees that he/she/ they have read and understand all of the Details and Policies set forth above, including, but not limited to, the Photo Release, and agree that they will comply with conditions and requirements set forth. By signing this document, the Student agrees to participate and complete all facets of the Tom Dunn Energy Leadership Academy if selected to participate.*

Participating Student: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Teacher/Counselor: \_\_\_\_\_ Date: \_\_\_\_\_

Applications are due no later than June 3, 2019. Selected individuals will be notified by mail, text or email. Applications should be returned to:

**The Independent Oil and Gas Association of West Virginia**

c/o Lori Miller Smith

300 Summers St., Suite 820

Charleston, WV 25301

For questions about the Tom Dunn Leadership Academy visit: [www.TomDunnAcademy.org](http://www.TomDunnAcademy.org)  
or contact Lori Miller Smith at [lmillersmith@iogawv.com](mailto:lmillersmith@iogawv.com).

# Medical Release Form

Please print!



Name of Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Mother's Work Phone #: \_\_\_\_\_ Cell/Text #: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Father's Work Phone #: \_\_\_\_\_ Cell/Text #: \_\_\_\_\_

Other Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Any current medical conditions: \_\_\_\_\_

Any allergies to medications: \_\_\_\_\_

Any allergies to food: \_\_\_\_\_

Is the student currently on any medication? If yes, please list: \_\_\_\_\_

Name and Policy # of Health Insurance: \_\_\_\_\_

Other Important Information: \_\_\_\_\_

In the event of a medical emergency, if I cannot be contacted at the phone numbers listed above, I hereby authorize the Tom Dunn Academy leadership to act for me according to their best judgment in any emergency requiring medical attention. I relieve West Virginia Wesleyan College and the Tom Dunn Academy, Inc. of any responsibility for any medical decisions they might make.

Parent/Guardian Name: \_\_\_\_\_

*(please print)*

Parent/Guardian Signature: \_\_\_\_\_