

Join the
Be a Changemaker
Training Program



Participation form

For more information, visit our website

www.sonderyouth.com/train

First Name: _____ Last Name: _____

Email: _____

Contact Number: _____ Post Code: _____

What do you hope to gain from the Sonder Youth Be a Changemaker Training Program?

If you could change one thing about the world what would it be?

If you could change one thing about the yourself what would it be?

How would the Sonder Youth Be a Changemaker Training Program help you to create your change?

Parent/Guardian Emergency Information

Full name: _____

Email: _____ Contact Number: _____

Relationship to Applicant: _____

Parent/guardian Permission and Signatures

I give permission for my child to take part in the Sonder Youth Be a Changemaker Training Program from 4pm – 6pm on Tuesdays during Term 1 2019.

Signed _____ Date _____

Media Release: I give permission for my child to be interviewed/photographed/filmed during the program and understand and agree that any interview/photography/film may be used for marketing purposes.

Signed _____ Date _____

Please submit your completed form to team@sonderyouth.com