Congratulations on choosing the EVOLUTIONS After School Program!
The following application is long but straightforward – don’t let it scare you! Please keep in mind that part of your application score is based on how well you follow directions and how complete your application is.

Application Details

✓ EVOLUTIONS is currently only recruiting 9th and 10th graders
✓ Applications are due Tuesday, Sept 20th and the program will begin the week of Oct 3rd
✓ Applications can be submitted any one of several ways:
  • Complete the application online – preferred – at http://tinyurl.com/EVO2011Application
  • Fax or mail the application (you may be able to fax it from your school to 203.432.2026)
  • Drop off your application at the Peabody Museum’s reception desk (170 Whitney Avenue)
✓ Paper applications can be downloaded from: http://peabody.yale.edu/education/evolutions/info-potential-applicants
✓ You will be notified by Wednesday, September 28th whether you have been accepted
✓ All new students’ families will be asked to attend an orientation on Friday, September 30th

Some very important application information:

✓ Turn in your application as early as possible! We may be unable to process late applications.
✓ Don’t wait until the last minute! It may take some time to get your teacher letter so don’t put it off. Because we must make decisions fast, we may not be able to consider applications received after the deadline. It’s better to turn in an incomplete application with a note explaining your situation than none at all!
✓ The program contact information is at the bottom of each page – please don’t hesitate to call with questions or for help. In fact, we encourage it!

Good luck!
# Student Information

**PLEASE WRITE NEATLY!**

Note: Questions with an asterisks (*) are optional though answers to these questions help us secure money to support the program & will be kept absolutely confidential. Thank you!!

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student’s First Name:</td>
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<tr>
<td>Student’s Last Name:</td>
<td></td>
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<tr>
<td>Mailing Address:</td>
<td></td>
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<tr>
<td>City:</td>
<td></td>
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<tr>
<td>Zip Code:</td>
<td></td>
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<tr>
<td>Home Phone:</td>
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<tr>
<td>Cell:</td>
<td></td>
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<tr>
<td>Email:</td>
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<tr>
<td>Student Birth Date (for determining internship eligibility):</td>
<td>Month / Day / Year</td>
</tr>
<tr>
<td>*Primary language spoken at home (circle one):</td>
<td>English Other</td>
</tr>
<tr>
<td>*Does the student qualify - financially - for free or reduced price meals at school (circle one):</td>
<td>Yes No Don’t Know</td>
</tr>
</tbody>
</table>

**☐ Parent #1 / ☐ Guardian #1 (please check one)**

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
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</thead>
<tbody>
<tr>
<td>First Name:</td>
<td></td>
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<tr>
<td>Last Name:</td>
<td></td>
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<tr>
<td>Day Phone:</td>
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<tr>
<td>Eve Phone:</td>
<td></td>
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<tr>
<td>Email:</td>
<td></td>
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<tr>
<td>*Relationship to Child:</td>
<td></td>
</tr>
<tr>
<td>*Occupation:</td>
<td></td>
</tr>
<tr>
<td>*Education (circle one):</td>
<td>Some High School High School Graduate Some College College Graduate Graduate School</td>
</tr>
<tr>
<td>*Individual’s Annual Income (circle one):</td>
<td>&lt;$16K $16K-$35K $35K-$75K $75K+</td>
</tr>
</tbody>
</table>

**☐ Parent #2 / ☐ Guardian #2 (please check one)**

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
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<tr>
<td>First Name:</td>
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<tr>
<td>Last Name:</td>
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<tr>
<td>Day Phone:</td>
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<tr>
<td>Eve Phone:</td>
<td></td>
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<tr>
<td>Email:</td>
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<tr>
<td>*Relationship to Child:</td>
<td></td>
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<td>*Occupation:</td>
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</tr>
<tr>
<td>*Education (circle one):</td>
<td>Some High School High School Graduate Some College College Graduate Graduate School</td>
</tr>
<tr>
<td>*Individual’s Annual Income (circle one):</td>
<td>&lt;$16K $16K-$35K $35K-$75K $75K+</td>
</tr>
</tbody>
</table>
**Ethnic Background (optional)**

*The EVOLUTIONS After School Program is committed to enrolling a student body that is culturally diverse as well as academically motivated. Answers to this question are compiled and used for statistical purposes only. Your answer will not determine your qualification or selection for this program.*

Please check one:

- [ ] African American / Black
- [ ] Mexican / Mexican American / Chicano
- [ ] American Indian or Alaskan Native
- [ ] Pacific Islander (Micronesian, Polynesian, other)
- [ ] Chinese / Chinese American
- [ ] Vietnamese / Vietnamese American
- [ ] East Indian / Pakistani
- [ ] White / Caucasian (includes Middle Eastern)
- [ ] Filipino / Filipino American
- [ ] Other Asian (not including Middle Eastern)
- [ ] Japanese / Japanese American
- [ ] Other Spanish American / Latino (includes Cuban, Puerto Rican, Central American, South American)
- [ ] Korean / Korean-American
- [ ] Other: ____________________________

**School Info & Future Plans**

What school do you currently attend? ____________________________

What grade are you in? *(circle one)*

- [ ] 9
- [ ] 10
- [ ] 11
- [ ] 12

Are you planning to go to college? *(circle one)*

- [ ] Yes
- [ ] No
- [ ] Maybe
- [ ] Haven’t really thought about it

**Where did you learn about EVOLUTIONS? (check all that apply)**

- [ ] Flyer
- [ ] Friend who is in the program *(Who? ____________________________)*
- [ ] Teacher
- [ ] Internet
- [ ] Presentation/Event
- [ ] Other: ____________________________
Below we ask you to answer 8 questions that will help us get to know you better. Your answers to these questions, along with the letters we ask for, are the most important parts of your application in terms of information we will use to decide whether to accept you. In our experience, students who write very short answers, provide less information and have less chance of getting in. Please write neatly and answer all parts of each question. You may also write or type your answers on a separate sheet of paper.

In what ways are you a good student?

In what ways could you improve as a student?

What do you typically do after school?

What do you typically do on weekends?
Who do you go to when you need help with a personal problem and why?

Please describe something you have done that you are proud of.

In what ways do you think other people look up to you?

Why do you want to be in the EVOLUTIONS After School Program?
Due Tuesday, September 20th, 2011

LAST NAME: ____________________________

EVOLUTIONS AFTER SCHOOL PROGRAM AT THE YALE PEABODY MUSEUM OF NATURAL HISTORY
2011/12 ACADEMIC YEAR PROGRAM APPLICATION

Grades and GPA

Though you don’t need good grades to be accepted into EVOLUTIONS, we request them because your past academic performance gives us a sense of what your strengths are. Please list all of the classes you took last year & the final grades you received.

<table>
<thead>
<tr>
<th>Classes Taken During the 2010/11 School Year</th>
<th>Grades</th>
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<tbody>
<tr>
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Meeting Days

You will be assigned an EVOLUTIONS meeting day (example: Mondays), which you will be expected to attend every week during the school year. We typically try to group students by grade, with younger students meeting earlier in the week and upper classmen later in the week. Please indicate your preference of meeting day below. Though we will do what we can to accommodate your preference, our first goal will be to accommodate those students unable to attend on specific days. If you are not sure of your after school schedule (e.g. because of sports or involvement in other programs), make selections below based on what you know right now. We can do some switching if we need to. You will be notified of your meeting day when you are accepted into the program. All classes will be held at the Peabody Museum from 3:30pm until 5:30pm.

Transportation assistance is available though it is different for different schools (call 203.432.6577 for more information).

<table>
<thead>
<tr>
<th>All meetings are from 3:30pm to 5:30pm</th>
<th>I absolutely can NOT attend on these days: (please check all that apply)</th>
<th>I CAN attend on these days: (please check all that apply)</th>
<th>My PREFERENCE is to attend on this day: (please check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mondays</td>
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<tr>
<td>Tuesdays</td>
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<td>Wednesdays</td>
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<td>Thursdays</td>
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<td>Fridays</td>
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</table>
Here are the last things we need from you:

☐ A letter from a parent / guardian explaining how you would benefit from being in the EVOLUTIONS After School Program. (Note: As required, we can accept letters written in a language other than English. Letters can be mailed to the address below, emailed to peabody.afterschool@yale.edu or dropped off at the Peabody Museum)

☐ A letter of recommendation from a teacher you’ve known for at least a year. (Note: Letters should be emailed to peabody.afterschool@yale.edu)

Also, please submit:

☐ A signed 2011/12 EVOLUTIONS After School Program Assumption of Risk & Waiver (attached)

☐ A signed 2011/12 EVOLUTIONS After School Program Parent / Guardian Consent Form (attached)

☐ A signed 2011/12 EVOLUTIONS After School Program Medical Questionnaire Form (attached)

Finally, don’t forget:

• Applications are due Tuesday, Sept 20th and the program will begin the week of October 3rd

• Paper applications can be downloaded from: http://peabody.yale.edu/education/evolutions/info-potential-applicants

• Applications can be submitted any one of several ways:
  o Complete the application online – preferred – at http://tinyurl.com/EVO2011Application
  o Fax or mail the application (you may be able to fax it from your school to 203.432.2026)
  o Drop off your application at the Peabody Museum’s reception desk

• You will be notified by Wednesday, September 28th whether you have been accepted
2011/12 EVOLUTIONS AFTER SCHOOL PROGRAM
Assumption of Risk & Waiver

I, ____________________________ will be participating in the Yale Peabody Museum EVOLUTIONS After School Program. I understand that this document is valid for one (1) calendar year from the date signed.

I hereby acknowledge that I have voluntarily and freely elected to participate in the Yale Peabody Museum EVOLUTIONS After School Program. I understand and agree that Yale University and/or its directors, employees, agents, or representatives assume no liability for injury or illness to person, or damage to or loss of property, of any nature whatsoever, including any injury, illness or damage resulting from, for example, participation in field trips, transport to and from field trip locations or work conducted in Yale and/or Peabody Museum facilities.

I understand participation in the Yale Peabody Museum EVOLUTIONS After School Program carries with it certain inherent risks that cannot be eliminated regardless of care taken to avoid injuries. The specific risks may vary, but could range from minor to severe. I acknowledge that I may be expected to use a variety of scientific tools and other equipment, and I agree to participate in training in proper use and follow instructions for proper use of these tools and equipment, utilize provided protective gear, and only use these tools and equipment when supervised. In participating in this program, I voluntarily and freely assume all risk of accident, injury, illness or damage to property.

I agree to release, indemnify, hold harmless and defend Yale University, and its directors, employees, agents and representatives from and against any claim which I, my parents or guardian(s), or any other person, may have for any losses, damages, or injuries arising out of or in connection with my participation in the Yale Peabody Museum EVOLUTIONS After School Program. Yale University shall also not be responsible to me or to any other person for illness, injury or damage to or loss of property due to my own acts or omissions.

If participant is not of legal age (eighteen [18] or older), signature of the participant’s parents or guardian(s) is required. Application of signature attests that participant, or, if not of legal age, participant’s parents or guardian(s), has read and understands the terms of this Assumption of Risk and Waiver, is competent to execute it, is doing so of his/her own free will and accord, voluntarily and without duress, and does so intending to bind participant, parent or guardian, executor, heirs and administrators or assigns to the fullest extent allowed by law. Valid for 1 year from date of signature.

________________________________________  ______________________________
Name of Program Participant                    Date of Birth

________________________________________
Name of Legal Parent/Guardian

________________________________________  ______________________________
Signature of Legal Parent/Guardian                     Date
2011/2012 EVOLUTIONS After School Program Medical Questionnaire Form

Student Information

Student’s Full Name: ____________________________

Age: _______  Height: _______  Weight: _______  Hair Color: _______  Eye Color: _______

Primary Care Physician: ____________________________  Phone: ____________________________

Dentist: ____________________________  Phone: ____________________________

Does your child have any allergies to food, medications or insects? □Yes  □No  If yes, what are they and what are the treatments for them?

________________________________________________________________________

Does your child carry this treatment with him / her? □Yes  □No  □Not Applicable

Do EVOLUTIONS staff have permission to administer treatment if an allergic reaction occurs? □Yes  □No  □Not Applicable

Medical History: Please include any information that would affect diagnosis or treatment, such as diabetes, seizure disorders, injuries, etc...

________________________________________________________________________

Does your child have any special needs? □Yes  □No  □Not Applicable  If yes, what are they?

________________________________________________________________________

Are there any special accommodations we need to make for your child?

________________________________________________________________________

Medical Insurance Information

Company: ____________________________  Address: ____________________________  Phone: ____________________________

Policy #: ____________________________  Group #: ____________________________  Policy Holder Name: ____________________________

Emergency Contacts (in order to be contacted)

Parent / Guardian Name: ____________________________  Address: ____________________________  Phone: ____________________________

Day Phone: ____________________________  Eve Phone: ____________________________  Cell Phone: ____________________________

Relationship to Student: ____________________________

Emergency Contact 1: ____________________________  Address: ____________________________  Phone: ____________________________

Day Phone: ____________________________  Eve Phone: ____________________________  Cell Phone: ____________________________

Relationship to Student: ____________________________  Can student be released to this person? □Yes  □No

Emergency Contact 2: ____________________________  Address: ____________________________  Phone: ____________________________

Day Phone: ____________________________  Eve Phone: ____________________________  Cell Phone: ____________________________

Relationship to Student: ____________________________  Can student be released to this person? □Yes  □No
Medical Assistance Procedure and Authorization

In the event of an incident requiring medical attention:

• The Parent / Guardian will be contacted immediately

• If the Parent / Guardian cannot be reached, we will attempt to contact him / her through the emergency contacts listed above

• If the parent / guardian still cannot be reached, we will do one or more of the following dependant upon the severity of the situation:
  
  o Call student’s physician
  o Release student to authorized emergency contact
  o Call for emergency first aid assistance
  o Seek student transportation to the Yale-New Haven Hospital or nearest medical facility (e.g. if the student is on a field trip). Students will be accompanied by an EVOLUTIONS staff member.

In the event that I am unavailable to answer for my child, I hereby give permission to EVOLUTIONS Program Staff to seek emergency medical treatment for my child, including but not limited to X-rays, anesthetic, medical/surgical diagnosis/treatment and hospital care. I have filled out this form to the best of my knowledge and do hereby assert that all medical information is true and correct.

Parent/Guardian Name: ___________________________ Signature: ___________________________ Date: ___________________
# Parent / Guardian Consent Form

Please check “Yes” or “No” below to allow / withhold permission for the EVOLUTIONS After School Program to include your child in the following components of our program. Participation in EVOLUTIONS is not dependent on answering yes to these questions (*see media release exception below). Valid for 1 year from date of signature.

| YES □ | NO □ | I give permission to allow my child to fill out surveys, and participate in interviews to share his/her perceptions of the benefits and quality of the EVOLUTIONS program. I understand that my child can discontinue participation in these surveys and interviews at any time. |
| YES □ | NO □ | I give permission for my child to attend all EVOLUTIONS-sponsored field trips subject to the provisions outlined in the 2011/12 EVOLUTIONS After School Program Assumption of Risk & Waiver. |
| YES □ | NO □ | I give permission for the EVOLUTIONS program to obtain my child’s school records (e.g., courses taken, grades, and test scores). This information will be used in conjunction with other survey data, treated anonymously and maintained in electronic files with strict confidentiality. |
| YES □ | NO □ | I understand that some of the collected information may result in data publication, but that all responses will be treated as confidential and will be reported as a group. Details about individuals or families will be kept confidential and not disclosed. |
| YES □ | REQUIRED | I give the EVOLUTIONS program permission to use my son/daughter’s/my photograph(s), essays, quotes, or coursework in promotional materials and publicity efforts. I understand that the item(s) may be used in a publication, print ad, electronic media (e.g. video, Internet), or other form of promotion. I release the Yale Peabody Museum, Yale University, the photographer, their office, employees, agents, and designees from liability for any violation of any personal or proprietary right I may have in connection with such use. *Note: Due to the size and structure of the EVOLUTIONS After School Program we are not able to properly police exceptions to this policy. We apologize for any inconvenience. |

Name of Program Participant

Name of Legal Parent / Guardian

Signature of Legal Parent / Guardian

Date

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E-VOLUTIONS After School Program :: Yale Peabody Museum of Natural History :: PO Box 208118 :: 170 Whitney Avenue :: New Haven, CT :: 06520-8118

203.432.6577 v :: 203.432.2026 f :: peabody.afterschool@yale.edu :: http://peabody.yale.edu/education/evolutions :: © 2011 All rights reserved