

POWER OF ME (POM) SCHOOL PARTICIPATION FORM

Education: Middle School High School Community College Technical College University

School Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

College & Career Administrator Name: _____

Email Address: _____ Phone # _____

Approximate # Students Participating in the POM Event: _____

School Audiovisual Equipment:

Microphones Video Projector Projection Screen Speakers Other _____

What location within the school are we able to use for this event: _____

What are some important topics that we should address that will benefit your students:

Additional Information:

STUDENT AMBASSADOR REFERRALS

Do you have any students that are interested in getting Community Service Hours through NCRF programs or events? Tell us about them!

Name: _____ Email: _____ Phone #: _____

Name: _____ Email: _____ Phone #: _____

