

Please complete all 3 pages of this application, including parent signatures, and return to:
Marcia Bird, YAC Advisor
217 N. Washington Street, Suite 104 • Owosso, MI 48867
yacshiawassee@gmail.com • (989) 725-1093 • (989) 413-8764 (cell phone)

Applicant Information

Full Name: _____ Date: _____
First Last

Address: _____

<i>Street Address</i>	<i>Apartment/Unit #</i>
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City *State* *ZIP Code*

Cell _____
Phone: _____ Email: _____

Home Phone: _____ Graduation Year: _____

School: _____

Parent Information

Parent 1

Name: _____ Email: _____

Phone:

Parent 2

Name: _____ Email: _____

Phone:

Please tell us why you want to join the YAC:

What skills or personal qualities will you bring to the YAC?

What are your interests, hobbies, activities?

What issues facing youth in our community do you think need the most attention right now?

(Some examples: bullying, poverty, hunger, afterschool programs, unsafe environments at home, teen pregnancy, education, drug abuse, having fun things to do in town, health)

The YAC meets once a month during the school year (usually at 3:00 on the 3rd Sunday of the month). Are you able to commit to monthly meetings and at least 3 volunteer activities per year?

YES

☐

NO

☐

NOT SURE

☐

Most of our communication between meetings is done by text. If you have a cell phone, will you be able to respond to texts?

YES

☐

NO

☐

If you do not have a cell phone, please let us know the best way to reach you:
(phone, email)

Driving Permissions

Please have a parent sign this portion of the form.

I give permission for my child to be driven by a Shiawassee Community Foundation/Youth Advisory Council staff member or designated adult advisor in their personal vehicle for YAC events. I hereby release and agree to hold harmless Shiawassee Community Foundation and designated leaders from all liability for damage, illness, or injury to my child. This permission will remain in effect for the duration of my child's membership in the YAC or until revoked in writing.

Parent Signature: _____

My child has a driver's license is allowed to drive to and from YAC events on their own. YES ☐ NO ☐

Media Release

Please have a parent sign this portion of the form.

In understand that SCF/YAC uses photos and videos to promote the SCF mission and share what the YAC has been doing to improve the community. I grant permission for the Shiawassee Community Foundation/Youth Advisory Council to use photos and videos of my child on their website, social media channels, newsletters, press releases, and other printed and digital media. This permission will remain in effect for the duration of my child's membership in the YAC or until revoked in writing.

Parent Signature

Medical Release

Please have a parent sign this portion of the form.

In case of emergency, I grant representatives of the Shiawassee Community Foundation/Youth Advisory Council to authorize medical care for my child. This permission will remain in effect for the duration of my child's membership in the YAC or until revoked in writing.

Parent Signature: _____

My child's doctor: _____

Our hospital: _____

Allergies: _____

Emergency Name and Phone: _____

Alternate Name and Phone: _____

Signature

I certify that my answers are true and complete to the best of my knowledge.

Applicant Signature: _____ Date: _____