



**ENGAGING YOUTH IN LEADERSHIP & COMMUNITY SERVICE**

# **Teen Advisory Council 2012-2013 Application**

**Name:** \_\_\_\_\_

**High School You Are/Will Be Attending:**

\_\_\_\_\_

**How Did You Hear About TAC?**

\_\_\_\_\_

**Date:** \_\_\_\_\_

**Please return completed application to:  
Youth Resources  
c/o Jo Beth Bootz, Program Manager  
P.O. Box 3635  
Evansville, IN 47735**

# TEEN ADVISORY COUNCIL



Membership Application

TAC SELF PROFILE (PLEASE PRINT CLEARLY)			
Last Name		First	M.I. Birth Date
Street Address		Apartment/Unit #	
City		State	ZIP
Phone		E-mail Address	
School	Grade		T-Shirt Size:
Would you like to receive updates through text messaging?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, please list cell # and Provider:



## INFORMATION ABOUT YOU!

Please list your school activities (other than TAC):

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Hobbies:

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Top 3 Favorite Movies:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Favorite activity to do outside of TAC and school (Ex. Shopping, sports, TP ing friends on the weekends etc.)

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Favorite TV Show: \_\_\_\_\_

One or more favorite quotes: \_\_\_\_\_

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## LEADERSHIP

1. What leadership qualities do you possess?

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2. What makes you a good leader?

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3. Do you have any activities/responsibilities that would interfere with TAC? Do you feel you will have the time to commit to the council and semester requirements?

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4. What do you expect to gain from being on the Teen Advisory Council?

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## RELEASE STATEMENT

Should my application be accepted, I agree to be bound by the by-laws and policies of Youth Resources/Teen Advisory Council.

Signature

Date

I understand that Youth Resources cannot assume any liability for people attending Youth Resources Teen Advisory Council activities. On behalf of my child, I waive, release, and discharge Youth Resources of Southwestern Indiana, Inc. from any and all claims of liability from my child's participation if accepted as a member of the Youth Resources Teen Advisory Council. I also give permission for my son's/daughter's pictures to be used in any Youth Resources promotion.

Parent/Guardian  
Signature

Date

Please  
include a  
picture of  
yourself  
here!



**YOUTH  
RESOURCES**  
OF SOUTHWESTERN INDIANA

# TEEN ADVISORY COUNCIL

## HEALTH HISTORY FOR TAC MEMBER TO BE COMPLETED BY PARENT OR GUARDIAN

Member's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Gender: Male Female

HOME ADDRESS \_\_\_\_\_  
STREET & NUMBER CITY STATE ZIP

Home Phone \_\_\_\_\_ Grade in Fall 2012 \_\_\_\_\_ School \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent's Email Address \_\_\_\_\_ @ \_\_\_\_\_

Parents who live separately can use this line to provide the information for (circle): Mother Father

Home Address \_\_\_\_\_  
Street & Number City State Zip

In case of an emergency, notify (someone other than parent) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Operations or serious injuries (dates) \_\_\_\_\_

Disability or chronic or recurring illness \_\_\_\_\_

Activities encouraged or limited by physician \_\_\_\_\_

Dietary modifications/Known Allergies \_\_\_\_\_

Current medications \_\_\_\_\_

Name of dentist/orthodontist \_\_\_\_\_ Phone \_\_\_\_\_

Name of family physician \_\_\_\_\_ Phone \_\_\_\_\_

Date of physical examination \_\_\_\_\_

Do you carry family medical/hospital insurance?  Yes  No

If so, indicate: Carrier \_\_\_\_\_ Policy or Group Number \_\_\_\_\_

Any additional health related information \_\_\_\_\_

THIS HEALTH HISTORY IS CURRENT SO FAR AS I KNOW, AND THE PERSON HEREIN DESCRIBED HAS PERMISSION TO ENGAGE IN ALL PRESCRIBED TEEN ADVISORY COUNCIL ACTIVITIES EXCEPT AS NOTED. AUTHORIZATION FOR TREATMENT: I HEREBY GIVE PERMISSION TO THE MEDICAL PERSONNEL SELECTED BY THE PROGRAM MANAGER TO ORDER X-RAYS, ROUTINE TESTS, TREATMENT, AND NECESSARY TRANSPORTATION FOR MY SON OR DAUGHTER. IN THE EVENT I CANNOT BE REACHED IN AN EMERGENCY, I HEREBY GIVE PERMISSION TO THE PHYSICIAN SELECTED BY THE PROGRAM MANAGER TO SECURE AND ADMINISTER TREATMENT, INCLUDING HOSPITALIZATION, FOR MY SON OR DAUGHTER NAMED ABOVE.

Emergency authorization valid from \_\_\_\_\_ August 2012 \_\_\_\_\_ through \_\_\_\_\_ May 2013 \_\_\_\_\_.

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_

I ALSO UNDERSTAND AND AGREE TO ABIDE WITH ANY RESTRICTIONS PLACED ON MY TEEN ADVISORY COUNCIL ACTIVITIES.

SIGNATURE OF PARTICIPANT \_\_\_\_\_



ENGAGING YOUTH IN LEADERSHIP & COMMUNITY SERVICE

## 2012/2013 Teen Advisory Council Contract

I understand that my appointment to the Teen Advisory Council is not only an honor but also a responsibility. As a member, I will work toward achieving the council goals:

- To identify problems teenagers are facing
- To suggest solutions to these problems
- To work toward solving these problems
- To provide information about Youth Resources in my school, my church, and other organizations that I am involved
- To represent a cross-section of diverse interests and activities
- To impact the adult community by showing that teens can be a source of solutions
- To increase awareness of youth issues in the adult community
- To gain leadership experience
- To be involved in selecting meaningful community service projects for young people
- To have special teen projects
- To gain friendships and contacts from other area high schools
- To live a drug/alcohol free life
- To complete my assigned requirements as listed in the TAC by-laws

**In addition, I will attend the mandatory training, attend meetings, work on teen council projects, serve on selected committees, attend special events, and be a spokesperson for Youth Resources and its efforts to get young people involved in meaningful community service projects.**

Finally, I realize that if I have **three unexcused absences** from council meetings **and/or participate in less than the required community service project hours** determined by the council for the 2012/2013 year, **I WILL LOSE MY ELIGIBILITY** to continue as a council member **UNLESS I am reinstated by the Teen Advisory Council Officers** after completing the appeal process as set forth in the TAC by-laws.

\_\_\_\_\_ Signed

\_\_\_\_\_ School & Year in School

### PARENT/GUARDIAN:

**I have read the above contract and understand the commitment that is required by the above-signed student. I will support his/her efforts and will help him/her to fulfill this obligation in whatever capacity I am able.**

\_\_\_\_\_ Signature

\_\_\_\_\_ Date



# TEEN ADVISORY COUNCIL

## LIABILITY AND PHOTO RELEASE

I understand that Youth Resources of Southwestern Indiana, Inc., YMCA of Southwestern Indiana, Ivy Tech Community College, and First Federal Bank cannot assume any liability for people attending these TAC events (TAC retreat and/ or TAC events/ meetings). I waive, release and discharge Youth Resources of Southwestern Indiana, Inc., YMCA of Southwestern Indiana, Ivy Tech Community College, and First Federal Bank from any and all claims of liability from my participation in these events (TAC retreat and/ or TAC events/ meetings). I also give permission for my picture to be used in any Youth Resources promotion.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(TAC MEMBER)

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(PARENT OR GUARDIAN IF UNDER 18)