



ROSCOMMON COUNTY
Community Foundation

Youth Advisory Council Application Form

Name: _____ Date of Birth: _____

Home Address: _____
Street Address City State Zip

Home Phone: (____) _____ Cell Phone: (____) _____

Email: _____

*Email will be used to send meeting reminders

School: _____ Current Grade: _____ Age: _____

School/Community Activities and Organizations in which you are involved:

Share something that you have been a part of that has had an impact on you:

If you had \$1,000, how would you use it to improve the quality of life in Roscommon County?

What do you hope to achieve by being a member of the Youth Advisory Council?

What qualities do you have that you could bring to the Youth Advisory Council?



What are your future plans after high school?

How did you hear about the Youth Advisory Council?

How do you identify within each of the following ethnic categories?

- | | |
|--|--|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Latix/Latino/Latina |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Two or More Races |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Other |

How do you identify within each of the following gender categories?

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Female | <input type="checkbox"/> Third gender |
| <input type="checkbox"/> Male | <input type="checkbox"/> Prefer to self-identify |
| <input type="checkbox"/> Non-binary | <input type="checkbox"/> Prefer not to answer |

By applying, I also pledge to accept and follow-through on the responsibilities that come with this position:

- To attend meetings held monthly. If I have to miss a meeting, it will be an exception to my regular attendance and I will give my Advisor at least 2 days' notice.
- To review my packet of grant requests and other information that is sent to me before the Grant Presentation meeting begins, so that I may be prepared and contribute to the meeting.
 - In order to be eligible to participate in the fall grant screening, members MUST attend September's orientation meeting.
 - In order to be eligible to participate in the spring grant screening, members may not have exceeded two absences.
- To avoid conflicts of interest and appropriately handle actual or apparent conflicts of interest in my relationships.
- To keep meeting materials and discussions confidential.
- To be a responsible steward of the money allocated for youth in our community. I will form my opinions objectively and without bias so that decisions made reflect the community's best interest.
- I understand that action which reflects negatively on the YAC and/or the RCCF may be considered grounds for review of my continued membership.



**Youth Advisory
Council
Waiver and Release of Liability**

The undersigned Youth Advisory Council Member (and the undersigned parent or legal guardian if the member is under age 18, on behalf of him/herself and the undersigned member or legal guardian) waives, releases and agrees to hold harmless the Roscommon County Community Foundation and the agency or organization, and their respective agents, officers, board members, representatives, employees and volunteers (the "Releasees") from any liability to the undersigned and the personal representatives, heirs, assigns, and family of the undersigned, for all loss or damages on account of injury to the person or property of the undersigned YAC member relating to attendance at the event or transportation to or from the event, whether caused by the negligence, gross negligence or recklessness of the Releasee or otherwise. The undersigned have read the Waiver and Release of Liability and voluntarily sign.

Initials of Participant

Parental Consent/Waiver and Release of Liability For YAC Members Under the Age of 18

I, _____, give my permission for _____ to attend all YAC events and I further agree to all the terms of the Waiver and Release of Liability stated herein.

Initials of Parent/Legal guardian

**Youth Advisory Council
Media Release Form**

Your image may be used in the following forms of media:

- ✓ News Release
- ✓ Photographs
- ✓ Video
- ✓ Audio
- ✓ Website
- ✓ Social Media

The Roscommon County Community Foundation may use your image for a period up to 5 years from the date of this release for the purpose of promoting youth philanthropy. **IF PERSON BEING USED IN THE MATERIAL IS UNDER 18 YEARS OF AGE, PARENT OR LEGAL GUARDIAN MUST SIGN THIS FORM.**

I (we) give my (our) permission to the Roscommon County Community Foundation to use my name (or my child's name) and/or photograph, videotape, or any likeness for publicity and the use of statements made by or attributed to me (or my child) relating to the Roscommon County Community Foundation for this or similar promotions and grant to the Roscommon County Community Foundation any and all rights to said use without further compensation. It is my (our) understanding that my signature below releases the Roscommon County Community Foundation from any financial or legal responsibility for the use of this media relations/promotional material(s).

Initials of participant

Initials of parent/guardian



ROSCOMMON COUNTY
Community Foundation

By signing, I agree to the above terms and acknowledge that the information provided in this application is accurate.

Applicant's Signature:

Date: _____

Parent/Guardian Signature:

Date: _____