



Youth Action Committee Application



First and Last Name _____

Street Address _____

City, Zip Code _____

Phone Number _____ E-mail address _____

Date of Birth _____ Ethnicity _____ School _____ Grade _____

Please answer the following questions to the best of your ability and return this application to:
Youth Action Committee, 1100 Centerpoint Drive Suite 301, Stevens Point WI, 54481. (You may
attach an additional page, hand written or typed if desired).

1) Why would you like to be a member of the Youth Action Committee?

2) List and explain two strengths that you would bring to the Youth Action Committee.

3) Describe your prior and/or current community interests and volunteer activities.

4) How do you think youth involvement can strengthen Portage County?

-over please-

YOUTH ACTION COMMITTEE
A PROGRAM OF THE UNITED WAY VOLUNTEER CENTER OF PORTAGE COUNTY

RELEASE AND AUTHORIZATION TO PARTICIPATE IN YOUTH ACTION
COMMITTEE ACTIVITIES

I _____ desire to participate in the activities sponsored by the Portage County Youth Action Committee during the period of _____, 200_ to _____, 200_. I hereby agree as follows:

- 1) I grant the Youth Action Committee, its employees, agents and representatives the authority to act in any attempt to safeguard and preserve my health or safety during my participation in the Youth Action Committee meetings and community service projects including authorizing medical treatment on my behalf and at my expense and returning me home at my own expense for medical treatment or in case of an emergency.
- 2) I agree to abide by and shall conform to all applicable policies, rules, regulations and standards of conduct as established by the Youth Action Committee to ensure the best interest, comfort and welfare of all participants. I understand that violation of applicable policies, rules, regulations and standards of conduct may result in my removal from the activity and/or future Youth Action Committee activities.
- 3) I understand I will receive information on volunteer service from the Youth Action Committee through e-mail, mail and telephone.
- 4) I grant the Youth Action committee the right to use, publish, and copyright my image (including audio, moving image, or photograph) without compensation for educational programs, web sites, and promotion of Youth Action Committee programs.
- 5) I agree for myself, my heirs and my personal representative, to hold harmless and forever release, discharge and hold harmless the Portage County Youth Action Committee, their respective officers, employees, and agents from any and all liability, loss, damages, costs, or expenses (including attorney's fees) on account of damage to personal property, personal injury, or death which may result from or arise out of my participation in Youth Action Committee activities and which do not arise out of the negligent acts or omission of an officer, employee, or agent of the Youth Action Committee while acting within the scope of their employment or agency.
- 6) I acknowledge that I have read this document and understand and accept its terms.
- 7) I agree that this Release and Authorization to Participate in Youth Action Committee activities shall be construed in accordance with, and governed by, the laws of the State of Wisconsin. Any litigation regarding this Release and Authorization or arising out of my participation in the Youth Action Committee activities shall be brought in a court of competent jurisdiction located in the State of Wisconsin.

Participant's Signature

Date

Signature of Parent/Guardian
(if Participant is less than 18 years of age)

Date