

Youth and Young Adult Essential Forms Kit

Project  **POWER**





Youth Advisory Community Application

Group Purpose:

Youth Advisory Community Member Requirements:

Responsibilities and Activities:

Skills and Commitments:

Schedule:

Compensation:

Name (First, Last): _____

Preferred Name: _____

Age: _____ Grade in School (If applicable): _____

Address: _____

Email: _____ Phone Number: _____

Questions:

Why do you want to join?

What change do you want to see within your community and the disability community?

What do you feel you can bring to the Team?

Is there anything else you would like to share?





Photograph and Video Release Form

I hereby grant permission to the rights of my image, likeness and sound of my voice as recorded on audio or video tape without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published, or distributed and waive the right to inspect or approve the finished product where in my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording. Photographic, audio or video recordings may be used for the following purposes:

- Conference Presentations
- Fundraising
- Educational Presentations
- Information Presentations

By signing this release, I understand this permission signifies that photographic or video recordings of me may be electronically displayed on the internet or in the public setting.

Name (Print): _____

Signature: _____

Date: _____

*If this release is obtained from someone under the age of 18 or someone has guardianship, then a signature of a parent or legal guardian is required.

Name of Legal Guardian (Print): _____

Legal Guardian Signature: _____

Date: _____





Community Agreement

This agreement outlines the expectations, responsibilities, and benefits of participating in the Youth Advisory Community (YAC)

What is the Youth Advisory Community?

Mission Statement:

Who can join:

Group Expectations:

Responsibilities:

What you will get in return:

How we work together:

Name (Print): _____

Signature: _____

Date: _____

*If this release is obtained from someone under the age of 18 or someone has guardianship, then a signature of a parent or legal guardian is required.

Name of Legal Guardian (Print): _____

Legal Guardian Signature: _____

Date: _____





Minor/Guardianship Travel Consent Form

Travelers Information

Name (First, Last): _____

Date of Birth: _____

Email: _____

Phone Number: _____

Name of Parent/Guardian (First, Last): _____

Email: _____

Phone Number: _____

Emergency Contact Information

Name (First, Last): _____

Email: _____

Phone Number: _____

Insurance Information

Insurance Company: _____

Policy Holder: _____

Policy/Group Number: _____

Phone Number: _____





Minor/Guardianship Travel Consent Form (Continued)

Travel Consent

Name (Print): _____

Signature: _____

*If this release is obtained from someone under the age of 18 or someone has guardianship, then a signature of a parent or legal guardian is required.

Name of Legal Guardian (Print): _____

Legal Guardian Signature: _____

Date: _____





Welcome Letter

(Applicant's Name),

Congratulations! We are thrilled to have you join us as a valued member of this dynamic group of young leaders dedicated to making a difference. Your voice, ideas, and commitment will help shape the future of our program and initiatives.

Group expectations:

Responsibilities: Agreed

compensations:

We are excited for you to be part of this community and can't wait to see the impact you will make! If you have any questions or need support, don't hesitate to reach out.

Lead Youth Coordinator Name:

Project:

Phone Number:

Email:





Participant Permission Form

This is a required form. The participant is not considered registered until this signed form is received by the office.

Name of Registrant:

Name of Event:

Date(s) of the Event:

I acknowledge that, to the best of my knowledge, the youth/young adult participant named above has no health problems that would prevent them from full and safe participation in the program. In case of illness or accident, I understand that I will assume full responsibility for any such action, including authorizing emergency treatment and payment of costs. I understand that (Parent Center Name) does not employ or provide trained nurses or medical staff to tend to medical needs. The administration of any daily medications needed by the youth participant during program hours is the responsibility of the youth participant, their guardian, family representative, or caregiver. I understand that (Parent Center Name) staff, along with specialists in the field of disability, are facilitating and coordinating all conference activities, and I acknowledge that any activities outside of the scheduled conference activities are not chaperoned, nor supervised, by (Parent Center Name) Staff. I acknowledge that any damage caused by the youth, or young adult, participant to any person(s) or property while attending conference activities, or unsupervised activities outside of the conference schedule, is the responsibility of the registrant, their parent, or legal guardian.





Participant Permission Form (Continued)

I have read and understand these acknowledgements.

Name (Print): _____

Signature: _____

*If this release is obtained from someone under the age of 18 or someone has guardianship, then a signature of a parent or legal guardian is required.

Name of Legal Guardian (Print): _____

Legal Guardian Signature: _____

Date: _____

