



ENGAGING YOUTH IN LEADERSHIP & COMMUNITY SERVICE

TEEN ADVISORY COUNCIL[®] APPLICATION

Name: _____

High school you are/will be attending (Fall 2017):

How did you hear about TAC?

- Friend _____
- Family member _____
- School
- Youth Resources
- Other _____

Date: _____

RETURN COMPLETED APPLICATION TO:

Youth Resources
c/o TAC Program Coordinator
P.O. Box 3635
Evansville, IN 47735

KEEP THIS PAGE FOR YOUR RECORDS.

WHAT IS TAC?

THE TEEN ADVISORY COUNCIL (TAC) was founded in 1987 with 12 students, and is now made up of 150 local high school students from all public, parochial, and charter schools in Evansville! TAC members meet every other Friday morning at 5:55am to plan community service events, develop their leadership skills, and connect with like-minded peers. They also provide over 3,000 hours of service in the community each school year!

EXPECTATIONS & REQUIREMENTS

According to the TAC bylaws, members must adhere to the following to maintain their good standing on the Council:

EXPECTATIONS

1. Be enrolled in high school or home school equivalent.
2. Act respectfully during at-large meetings, committee meetings, service events, and any other TAC or Youth Resources functions and programs.
3. Live a tobacco-, drug- and alcohol-free lifestyle.

REQUIREMENTS

1. Complete 15 hours of community service each semester.
2. Shadow a city/county government official at one meeting during a pre-determined one-month time period.
3. Attend two TAC social events each semester.
4. Actively serve on one of TAC's seven committees, which includes attending committee-planned events and outside committee meetings.
5. Accrue no more than two absences per semester, which includes absences from at-large meetings, committee-planned events, and outside committee meetings.

COMPLETED APPLICATION

Please check that you have filled out *and signed* each item listed below AND that your parent/guardian has signed (where appropriate) to ensure that your application is complete!

- Personal information (2 pages)
- Health form (1 page)
- Liability form (1 page)
- Photo of applicant (attach to application)

Mail:

Youth Resources
c/o TAC Program Coordinator
P.O. Box 3635
Evansville, IN 47735

Hand-deliver (M-F, 8am-4pm):

Youth Resources
4451 N. First Avenue
Lower level of First Federal Savings Bank
Evansville, IN 47710

PERSONAL INFORMATION (PLEASE PRINT CLEARLY)

FIRST NAME		LAST NAME		M.I.	
STREET ADDRESS				APARTMENT/UNIT #	
CITY		STATE		ZIP	BIRTH DATE (MM/DD/YYYY)
CELL PHONE	()	E-MAIL ADDRESS			
SCHOOL (FALL 2017)		GRADE (FALL 2017)		T-SHIRT SIZE	
WOULD YOU LIKE TO RECEIVE TAC UPDATES VIA TEXT MESSAGE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	IF YES, TEXT "@tac2" TO 81010 TO SIGN UP!		

ABOUT YOU (PLEASE PRINT CLEARLY)

Extracurricular activities (including church activities, school activities & any other groups you're involved in):

Hobbies:

Favorite movies:

- 1. _____
- 2. _____
- 3. _____

Favorite TV show(s): _____

One or more favorite quotes:

If you could choose one word to describe yourself, what would it be? _____

Please list one random fact about yourself:

If you could travel anywhere in the world right now, where would you go and why?

LEADERSHIP (PLEASE PRINT CLEARLY)

Why do you hope to be selected to serve on the Teen Advisory Council?

What skills can you bring to the table when working with a committee to plan and implement the Teen Advisory Council's events and projects?

If selected for the Teen Advisory Council, what personal leadership skills would you like to improve on?

Do you have any activities or responsibilities that would interfere with your ability to complete TAC requirements? (See page 2 for a list of requirements.)

Do you have any additional comments that will help YR know you better?

RELEASE STATEMENT

SHOULD MY APPLICATION BE ACCEPTED, I AGREE TO BE BOUND BY THE BYLAWS AND POLICIES OF YOUTH RESOURCES AND THE TEEN ADVISORY COUNCIL.

APPLICANT SIGNATURE		DATE	
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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	
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TEEN ADVISORY COUNCIL HEALTH HISTORY

FOR TAC MEMBER, TO BE COMPLETED BY PARENT OR GUARDIAN

STUDENT NAME _____ BIRTH DATE _____ AGE _____ GENDER: MALE FEMALE

HOME ADDRESS _____
STREET & NUMBER CITY STATE ZIP

HOME PHONE _____ GRADE (FALL 2017) _____ 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 2017 THROUGH MAY 2018.

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

TEEN ADVISORY COUNCIL LIABILITY & PHOTO RELEASE

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

APPLICANT SIGNATURE _____ **DATE** _____

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____



2017-18 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's goals:*

- To identify problems teenagers are facing
- To suggest solutions to these problems
- To work toward solving these problems
- To represent a cross-section of diverse interests and activities
- To increase awareness of youth issues in the adult community
- To impact the adult community by showing that teens can be a source of solutions
- To gain leadership experience
- To be involved in meaningful community service projects
- To develop friendships and contacts from other area high schools
- To live a tobacco-, drug-, and alcohol-free life
- To complete my assigned requirements as listed in the TAC bylaws

In addition, I will attend all TAC trainings, meetings & special events, work on Council projects, serve on selected committees, and be a spokesperson for Youth Resources and its efforts to involve young people in meaningful community service, leadership development & civic experiences.

*Finally, I realize that if I have more than two absences from Council meetings during a semester and/or participate in fewer than the required community service hours, shadowing meetings and/or social events determined by the Council, **I will lose my eligibility to continue as a Council member** unless I am reinstated by the Teen Advisory Council's Executive Committee after completing the appeal process as set forth in the TAC bylaws.*

_____ **APPLICANT SIGNATURE**

_____ **DATE**

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.

_____ **PARENT/GUARDIAN SIGNATURE**

_____ **DATE**