



Geauga Youth Advisory Council Application

The Geauga Youth Advisory Council (YAC) is an excellent opportunity to become a leader and an active voice in your community, meet and inspire new people, and develop lasting leadership skills that you can use well into your future. As a member of YAC, you will have the opportunity to make a real difference in your school and community. You will be given the opportunity to:

- Partner with other high school student leaders from all over Geauga County
- Develop leadership skills and build your resume
- Creating positive change in your school/community
- Work alongside community, school, and local government leaders to advocate for policy change
- Help create a happy, healthy, safe and drug free Geauga County

TO BE CONSIDERED FOR MEMBERSHIP ON THE YOUTH ADVISORY COUNCIL:

- You must be entering into 9th, 10th, 11th, or 12th grade in the upcoming school year as a student in Geauga County.
- You must commit to live a non-violent and drug free lifestyle.
- You must want to make a difference in your school and/or community.
- You must commit to monthly meetings and volunteering opportunities throughout the year.

Once your application is submitted, you will be asked to an interview with select YAC members and adult leaders. Your interview will be the final deciding factor of your acceptance into YAC.

For more information, answers to any questions, or to submit an application please contact: Holly Jacobson: Geauga Youth Led Prevention Coordinator
Phone: (440) 476-6529
Email: HollyJacobson14@gmail.com

Participant Information			
Name:		Cell Phone:	
Address:			
City and State:		Zip Code:	Cell #:
Age:	Birthdate: / /		Sex (Circle one) Male Female
School:	Email Address:		T-Shirt Size: (Adult size)
Parent/Guardian Name(s):			Grade: (Circle One)
Telephone Number(s):			9 10 11 12

Best way to contact you and/or get information to you: (Please Circle one)

Text Cell # Home # Email Social Media Home Address

List activities, groups, or teams that you are involved in at school or in the community: (Please, use additional paper if needed).

Consent / Release of Liability (TO BE COMPLETED BY PARENT/GUARDIAN IF UNDER 18)

Yes _____ No _____ I understand that pictures and video will be taken which may be used for education and/or marketing purposes.

Yes _____ No _____ I release Geauga Youth Led Prevention, Geauga Advisory Council, and any volunteers and affiliates from liability for personal injury or property loss/damage incurred at any Youth Advisory Council or Youth Led Prevention event, activity, or experience.

Yes _____ No _____ I understand that transportation of my son/daughter to/from activities is his/her responsibility. However, when it is not, I give my permission for my son/daughter to be transported by Geauga Youth Led prevention leaders, any YLP volunteers, or other YAC members

Required Signatures (TO BE COMPLETED BY THE PARTICIPANT AND PARENT/GUARDIAN)

I certify that the information provided in this application to the best of my knowledge is correct. I understand that deliberately providing false information and/or failure to comply will result in a forfeiture of all fees paid and dismissal from the program.

Participant Signature _____ Date _____

Parent Signature _____ Date _____

Medical Release of Information & Consent – REQUIRED

_____	_____	/ /
Parent Signature	Parent Name (Printed)	Date

PERSONS TO CONTACT IN CASE OF AN EMERGENCY

Name _____ Relationship _____
Phone (_____) _____ 2nd Phone (_____) _____

Name _____ Relationship _____
Phone (_____) _____ 2nd Phone (_____) _____

WAIVER and RELEASE OF CLAIMS

In the event of a medical emergency involving the above named participant, if reasonable attempts to contact one of the above listed individuals is unsuccessful, I give my consent for (1) the administration of any treatment deemed necessary by Dr. _____ (preferred physician at _____ (phone number) or in the event the preferred medical professional is not available by _____ (preferred hospital) or the nearest emergency medical location.

Signature of Parent or Guardian

Date

List all medical conditions, allergies and medications currently taken by the above named student:
