



# Youth Advisory Council

## New Member Application (2023-24)

### Activities

The Youth Advisory Council is an opportunity for youth in grades 9-12 in La Porte County to gather for the purpose of learning about philanthropy, servant leadership, and civic engagement. The format will be a mix of meetings with guest speakers activities, community service. Youth accepted into the YAC program will receive a complete list of activities and meeting dates. Youth will be required to follow attendance policies and procedures as set by the YAC executive officers.

### Risk

“Safety First” is the number one rule of YAC activities. I/We agree to hold the sponsoring agency, Leadership La Porte County staff and volunteers, and other people and agencies participating in this program harmless from all claims that might result from participating in this program.

### Survey Data

I/We understand that youth will be asked to participate in survey data to track outcomes of this program for funders. This information is needed to measure program outcomes. Answers will be private and the surveys will not record the youth’s name or any other identifying information.

### Promotional Release

I/We understand that in the event that my/our youth is photographed, audio or videotaped for the purposes of promoting and publicizing YAC, we hereby waive all rights to the photographs, audio or video in which youth appears. I/We understand that sole ownership and copyrights belong to Leadership La Porte County. The photograph, audio, or video may be used whole, in part, or in composite as the program sees fit in publication of educational material, and the advertising thereof, and for any other lawful purposes.

Full Name of Youth PLEASE PRINT

\_\_\_\_\_

Date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Adult t-shirt size: \_\_\_\_\_  
Month Day Year

School attending 2023/24 school year: \_\_\_\_\_ Grade level 2023/24 school year: \_\_\_\_\_

Why would you like to be a part of YAC? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What other leadership activities or clubs have you participated in? \_\_\_\_\_

\_\_\_\_\_

What community issue or need are you passionate about? \_\_\_\_\_

\_\_\_\_\_

Are you interested in serving on YAC Executive Committee? (President, Vice President, Secretary, Treasurer—voted by membership) \_\_\_\_\_

Contact

This information is kept confidential and only used for purposes of YAC. Email addresses may be shared with YAC participants but will not be given to outside partners without consent.

Youth home phone #: \_\_\_\_\_ Youth cell phone # \_\_\_\_\_

Youth email address: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
Street City State Zip Code

Parent/Guardian cell phone #: \_\_\_\_\_

Parent/Guardian email address: \_\_\_\_\_

Consent

I/We give permission for my/our youth (name) \_\_\_\_\_ to participate in YAC activities. I/We have read the information regarding this program and discussed it with my/our youth. My/Our youth has indicated to me/us that he/she wishes to participate. (At least one parent signature is required)

\_\_\_\_\_  
Parent/Guardian Name PLEASE PRINT

\_\_\_\_\_  
Parent/Guardian Name PLEASE PRINT

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Return your completed form to :

Leadership La Porte County  
605 Michigan Avenue  
La Porte, IN 46350  
Phone 219-325-8223  
Email: [info@leadershiplaportecounty.com](mailto:info@leadershiplaportecounty.com)  
Web: [www.leadershiplaportecounty.com](http://www.leadershiplaportecounty.com)

