

## YOUTH ADVISORY COUNCIL APPLICATION

Name:

Address:	
Parent:	
School:	
Grade (19-20):	DOB:
To be eligible	to apply for the Bastrop Youth Advisory Council, a student must:
<ul><li>Be enroll</li><li>Be between</li></ul>	in the Bastrop ISD attendance boundaries; ed in high school for the upcoming school year (9 <sup>th</sup> -12 <sup>th</sup> grade), public, private or homeschool; een the ages of 13 and 19; and PA of 3.0.
community memb	t submit a completed application, high school transcript, and a letter of recommendation from a teacher or our (not someone related to you) before the due date to the Bastrop ISD Service Center at 906 Farm Street or by Lee, Executive Director of Communications & Community Relations, at <a href="mailto:klee@bisdtx.org">klee@bisdtx.org</a> .
Statement o	f Interest: (Why do you want to serve on the YAC and what do you hope to gain or accomplish?)






#### **Student Participation & Attendance Commitment**

### \*\*\* YAC meets the 1st Tuesday of every month at 6:00 pm at Bastrop City Offices. \*\*\*

Participation is essential for the Bastrop's Youth Advisory Council (YAC) to meet its objectives. By signing, I agree to commit to attending at least 75% of meetings and various events or programs, in addition to providing input through regular electronic communications. As such, I understand that e-mail is a vital form of communication for the YAC, and I am acknowledging responsibility for regularly checking and responding to YAC related emails. I am aware of meeting dates and times of the Bastrop's Youth Advisory Council, and I am aware of the attendance requirements.

Signature of Student Applicant:

Print Name of Student Signature Above:	
Date:	
Par	rental Acknowledgment
consent to participate in all related activities. I am a	in the City of Bastrop's Youth Advisory Council and has my full permission and ware that my child, if selected, must attend at least 75% of the YAC meetings understand that it is vital that my son / daughter, if selected, check and respondings and news.
	ompleted application and <u>ONE signed letter of recommendation from a high</u> p ISD Service Center at 906 Farm Street or by email to Dr. Kristi Lee at n.
Signature of Student Applicant:	
Print Name of Student Signature Above:	
Date:	

By signing this application you agree to allow the use of your child's photograph and release of the above information for promotional purposes of the program (as required by the Public Information Act).



#### **Parental Consent and Waiver of Liability**

In consideration of participation in the City of Bastrop's Youth Advisory Council (YAC), I agree on behalf of myself and/or my child to the following:

I acknowledge that I am the parent or legal guardian of the child named above and consent to my child's participation in YAC. This waiver of liability, release and indemnity agreement is a contract with legal and binding consequences of my child, legal representatives, assignees and I. By signing this agreement, I am agreeing to indemnify, not to sue, and release from liability the city of Bastrop, its officers, employees, agents, volunteers, and other participants (collectively "releases"). I acknowledge that I am giving up substantial legal rights for my child and myself by signing this agreement. I have read this agreement carefully before signing, understand what it means, what I am agreeing to by signing it, and have signed it without any inducement or assurances of any kind, intending it to be a complete and unconditional release of liability. If a court finds or rules that any part of this agreement is invalid or unlawful, the remainder of the agreement continues to be binding and enforceable. The laws of the State of Texas govern this agreement and lawsuit may only be prosecuted on this agreement in a court of competent jurisdiction located in or having jurisdiction in Bastrop County, Texas.

#### Release and Indemnity

I release, discharge, indemnify, and hold harmless the releasees from, and covenant not to sue the releasees for, all liability, claims, demands, losses, damages, or costs, including attorney's fees, caused or alleged to be caused by the sole, joint or concurrent negligence of the releasees arising out of my child's participation in or association with YAC.

Signature of participant or parent/legal guardian	Printed name of parent/legal guardian
Printed name of participant	Date
Medical	Authorization
a medical facility or hospital if, in their opinion, medical attent	rsonnel to call for medical care for my child or to transport my child to cion is necessary. Further, I agree to pay all costs associated with the seen (18) years of age or older or if I am younger my parent or legal
Signature of participant or parent/legal guardian	Printed name of parent/legal guardian
Printed name of participant	Date



#### **Meeting Information & Importance of Attendance**

#### \*\*\*YAC meets the 1st Tuesday of every month at 6:00 pm at Bastrop City Offices. \*\*\*

Members are expected to commit and attend at least 75% of the scheduled monthly YAC meetings and participate in many of the additional service opportunities provided. Each YAC member is required to inform the City Staff Liaison and the District Liaison if he or she will not be attending a meeting. Unless otherwise posted, the standing meeting for the YAC will be the first Tuesday of each month at 6:00 pm in the Council Chamber of Bastrop City Offices. Notice of each meeting will be emailed to the student 72 hours prior to the meeting, making it essential that students are checking and responding to all YAC emails.

Attendance at monthly YAC meetings is critical to the success of Bastrop's Youth Advisory Council and to ensuring that each meeting has a reflective representation of the teen community in Bastrop. Because enrollment is limited, attendance becomes even more crucial. Due to the importance of attendance, members are asked to sign a commitment form acknowledging the following:

- Failure to attend and participate in less than 75% of meetings and events will result in dismissal from the YAC.
- Failure to attend three consecutive meetings will result in dismissal from the YAC.
- Although school activities are an acceptable absence excuse, members are required to contact the Staff Liaison and District Liaison to inform them of a school activity that would prevent attendance at a YAC meeting or event. A STUDENT SHOULD NOT APPLY FOR MEMBERSHIP ON THE YOUTH ADVISORY COUNCIL IF HE/SHE KNOWS OF A CONFLICT THAT WOULD PREVENT HIM/HERFROM ATTENDING MEETINGS ON THE FIRST TUESDAY OF EACH MONTH AT 6:00 PM.
- Family emergencies are acceptable absence excuse but verification by a parent may be requested.

Signature of participant or parent/legal guardian	Printed name of parent/legal guardian	
Printed name of participant	 Date	

