

Application – Additional Information Form Youth Advisory Board

Applications will be received and forwarded to Council Members on an ongoing-basis until all 27 board member seats are filled; however, the sooner you submit your application the better. Please use this form to add information to describe any qualifications, expertise, or special interests that relate to your possible appointment.

Carol Everhart
Community Relations Department, School and Youth Outreach
1000 Throckmorton, Fort Worth, TX 76102
817.392.2227 817.392.7529 (fax)
Carol.Everhart@fortworthgov.org

Date: _____

Name: _____

Address: _____

City: Fort Worth (you must be a resident) Zip Code: _____

Parent/Guardian Name: _____

Phone: _____

Best phone number to reach you (i.e. home phone, cell phone, pager): _____

E-Mail Address: _____ **School:** _____ **Current Grade:** _____

Council Person: _____ Council District: _____

If selected for the Youth Advisory Board, would you be willing to attend meetings twice a month?
(Circle one) Yes No

Overall, how much time do you think you would be able to commit to the Youth Advisory Board
(including meetings)? (Check one)

_____ 1-2 hours _____ 2-4 hours _____ 4-6 hours _____ 6-8 hours

Tell Us About Yourself

Tell us what you are involved in with your school, including other leadership roles you have had (interest groups, school sports teams, academic groups, etc.).

Tell us what you are involved in outside of school (interests, faith community, work, job, music, etc.).

What would you like to accomplish if chosen for the City's Youth Advisory Board?

COMMITMENT PLEDGE

Please Note: The goal is to develop a group of youth leaders who are committed to learning about local government and the roles they can have in it, making a difference in our community and the lives of youth, recognizing their voice and using it, and representing other youth in the City of Fort Worth. **There is a lot of time, effort, and commitment involved.** Truthfully, being a part of the City of Fort Worth's Youth Advisory Board may be a nice addition to your resume or college application, but we strongly discourage you from applying solely for this reason.

Please be aware of the following requirements of membership on the Fort Worth Youth Advisory Board:

- Two 2-hour meetings per month
- Membership on Youth Advisory Board committees
- Active participation in meetings
- Active participation in developing, organizing, and administering a Youth Event

Your signature below constitutes a pledge that your responses to the questions in this application are accurate. In addition, if selected, you understand and agree to follow the requirements of the City of Fort Worth Youth Advisory Board. In addition, you pledge that your behavior at these meetings and events related to the Youth Advisory Board will bring honor to yourself, your family, your committee colleagues, the City of Fort Worth, and all citizens in the City of Fort Worth.

SIGNATURE

DATE

My son/daughter, _____, has my permission to apply for the City of Fort Worth's Youth Advisory Board.

SIGNATURE OF PARENT/GUARDIAN

DATE

Please submit this application to the address below and it will be forwarded on to your Council Member, or submit this application to your Council Member directly.

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CITY OF FORT WORTH – YOUTH VOLUNTEER FORM

AUTHORIZATION AND RELEASE TO RECORD AND/OR USE PERSONAL LIKENESS, IMAGE, AND/OR VOICE

In connection with the city’s Youth Advisory Board, I hereby grant the City of Fort Worth’s Community Relations Department, its employees, officers, agents and servants, those for whom it is acting, those acting with its authority and permission, or in conjunction and cooperation with it, the absolute right and permission to record or cause to be recorded, to use or cause to be used, my personal likeness, image and/or voice, in whole or in part, whether composite or distorted in character and form, without restriction as to changes, alterations, or editing, from time to time, in conjunction with my own or a fictitious name, in broadcasts, transmissions or reproductions thereof, made through any medium including the internet for public education or public information materials.

I also consent to the use of any printed matter in conjunction therewith. I hereby waive any right I might have to inspect or approve the finished product or products.

I hereby release, discharge and agree to hold harmless Community Relations Department, its employees, officers, agents and servants, and all persons acting under its authority, or permission, or in conjunction with it from any liability or damages for the use of my personal likeness, image, and/or voice. This authorization and release is binding upon my representatives, heirs and assigns.

I hereby consent that I have read the above authorization and release and that I am fully familiar with its contents.

Date: _____

Youth Signature

Address City Zip

If person is under 18 years of age, the parent or guardian must also give their consent.

I hereby certify that I am the parent or guardian of _____.
I consent without reservation, to the above and foregoing on behalf of him/her.

Date: _____

Signature of Parent of Guardian

Address City Zip

Community Relations Department