

BOROUGH OF PROSPECT PARK YOUTH ADVISORY COMMITTEE

Membership Application

APPLICANT INFORMATION

Name:

Date of birth:

Age:

Phone:

Current address:

City:

State:

ZIP Code:

Length of time living at this address?

EDUCATION INFORMATION

Current school:

School address:

Length of time attending this school:

Phone:

Fax:

Website:

City:

State:

ZIP Code:

Guidance Counselor / School Contact Person:

Phone:

E-Mail:

Clubs / Organizations Experience:

Volunteer or Community Service Experience:

Why do you wish to be a part of the Youth Advisory Committee and what do you hope to gain from the experience and opportunity?

PARENTAL INFORMATION & EMERGENCY CONTACT PERSON

Mother:

Address:

Phone:

City:

State:

ZIP Code:

E-mail:

Father:

Address:

Phone:

City:

State:

ZIP Code:

E-mail:

EMERGENCY CONTACT (SEPARATE FROM MOTHER OR FATHER)

Name:

Phone:

E-mail:

Address:

Relationship:

NOTE: THE INFORMATION YOU PROVIDE ON THIS APPLICATION BECOMES PUBLIC INFORMATION AND MAY BE PROVIDED TO THE PUBLIC IF REQUESTED.

ACADEMIC ELIGIBILITY

In order to be eligible for membership to the Youth Advisory Committee, student members must have and maintain at the very least a 2.0 grade point average (C) or equivalent. Failure to maintain a 2.0 grade point average or the equivalent for a period of two consecutive semesters is cause for suspension or removal from the Youth Advisory Committee.

Two most recent report cards must be attached to this application. (check if attached)

Print name:

Parent or Guardian Name (Print):

Date Submitted:

Signature:

Signature of Parent or Guardian:

PHOTO RELEASE

For good and valuable consideration, the receipt of which is hereby acknowledged, I, _____, hereby authorize the Borough of Prospect Park permission to use my likeness in a photograph in any and all of its publications, including but not limited to all Prospect Park Youth Advisory Committee's printed, digital and electronic publications. I understand and agree that any photograph using my likeness will become property of the Borough of Prospect Park and will not be returned.

I acknowledge that since my participation with the Borough of Prospect Park and the Prospect Park Youth Advisory Committee is voluntary, I will receive no financial compensation.

I hereby irrevocably authorize the Borough of Prospect Park and the Prospect Park Youth Advisory Committee to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publishing the Borough of Prospect Park and the Prospect Park Youth Advisory Committee or for any other related, lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph.

I hereby hold harmless and release and forever discharge the Borough of Prospect Park and the Prospect Park Youth Advisory Committee from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

Printed Child Name:

Parent or Guardian Signature:

Date: _____