



The Cumberland Youth Commission

2011/2012 Application

Part I Basic Information

Name: _____ Year of HS Graduation: 20 ____

Home Address: _____

Home Phone Number: _____ Cell Phone Number: _____

Email Address: _____ School/Grade: _____

Part II Short Answers

How did you hear about the Cumberland Youth Commission?

What extracurricular activities are you currently involved with? Please include any leadership and committee positions held:

What are your strengths and skills?

What would you consider your biggest weakness?

What are three things that you would do to improve the Town of Cumberland, and why?

Part III Self Assessment:

On a scale of 1-3, rate yourself with a 1 indicating you agree wholeheartedly and a 3 indicating that this statement is an area that you need/want to strengthen. Use NA if unable to fairly make an assessment.

1) I know my skills and talents.	1	2	3	NA
2) I know my strengths and weaknesses.	1	2	3	NA
3) I am confident when faced with a challenge.	1	2	3	NA
4) I have many ideas and clear vision.	1	2	3	NA
5) I learn from interacting with others.	1	2	3	NA
6) I like to empower and guide others.	1	2	3	NA
7) I feel confident leading others.	1	2	3	NA
8) I have courage to stand up for what I believe.	1	2	3	NA
9) I have a high sense of morals.	1	2	3	NA
10) I am an active, effective listener.	1	2	3	NA
11) I am comfortable speaking to a group of people.	1	2	3	NA
12) I present my ideas in a logical effective way.	1	2	3	NA
13) I achieve results through clear goals.	1	2	3	NA
14) I respond quickly to alternate plans and ideas.	1	2	3	NA

Part IV Student Agreement

An application to the Youth Commission is the first step of a 3 part process. After the application is reviewed, applicants will be asked to come to a short interview with this year’s Commissioners and Advisor. The final acceptance is made after the Summer Leadership Academy. Applicants may be accepted as a Commissioner who could hold an office or be a committee chair, or as a Member, who would be an integral part of the efforts of the Commission.

I, _____, am ready to join the Cumberland Youth Commission! I understand that if accepted as a Commissioner for the Youth Commission this will require a significant amount of time and consist of at least one meeting a week during the school year and attendance at the Summer Leadership Academy during the summer of 2011. I am willing to give my time to this organization and participate enthusiastically and to the best of my ability.

Applicant Signature: _____ Date: _____

Part V Parental Agreement

I, (Parent/Guardian) _____ understand the commitment my child is making by applying to the Cumberland Youth Commission. If accepted, I am prepared to support him/her in that commitment by facilitating transportation to meetings and events as needed.

Parent Signature: _____ Date: _____

RELEASE OF LIABILITY

My son(s)/daughter(s) has my permission to participate in The Office for Children Youth and Learning’s Summer Leadership Academy (SLA) and all subsequent activities to occur during their term as a member of the Youth Commission or other OCYL youth leadership initiatives. Their term as a commissioner and other OCYL driven youth leadership initiatives begin immediately thereafter and continues through the 2011-2012 academic year.

In the event of an emergency affecting the health of welfare of this participant, the leaders or adult chaperones have permission to administer first aid and/or transport the individual to the nearest doctor or hospital for further medical attention if necessary.

Each party shall indemnify, save and hold harmless The Office for Children Youth and Learning, as well as any other entity or entities involved, including but not limited to: employees, agents, representatives, officers, trustees and directors, from and against all claims, demands, actions, proceedings, liabilities, damages, settlements, judgments, costs and expenses, including attorney's fees, which may be assessed against or incurred by each party/parties, the employees, agents, representatives, officers, or directors. This clause shall survive this Agreement's termination.

Furthermore, I grant to the Office for Children Youth and Learning the right to use, reproduce, assign and/or distribute photographs, films, videotapes and sound recordings of my child/children for use in materials they may create.

Parent(s)/Guardian(s) Signature: _____ Date: _____

Witness _____ Date: _____

**TURN
OVER**

**The Office of Children Youth and Learning
Youth Commission Permission Slip 2011-2012**

This form will be kept on file and used in the event of a problem or emergency for your son/daughter.

Name of participant: _____

Participant E-mail Address: _____ Participant Cell: _____

Home Address: _____ Home Phone: _____

Parent/Guardian #1: Name: _____

Address (if different from student): _____

Parent/Guardian #1 E-mail Address: _____

Parent/Guardian #1 Phone: Cell _____ Work _____

Parent/Guardian #2: Name: _____

Address (if different from student): _____

Parent/Guardian #2 E-mail Address: _____

Parent/Guardian #2 Phone: Cell _____ Work _____

Emergency Contacts:

1. NAME: _____ PHONE: _____ Relationship: _____

2. NAME: _____ PHONE: _____ Relationship: _____

Medical Information:

Date of Birth: ____/____/____

Participant's Health Insurance Carrier: _____

Policy #: _____ Policyholder: _____

Current medications: _____

Allergies: _____

Any special medical instructions/requirements/concerns: _____