



## Suffolk Youth Advisory Council Application Form

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ G.P.A. \_\_\_\_\_

City Council District: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_ Zip \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell#: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Please list other clubs, sports, or organizations that you are a member of:**

\_\_\_\_\_

\_\_\_\_\_

How did you hear about the Suffolk Youth Council?

\_\_\_\_\_

\_\_\_\_\_

**Are you a current youth council member? \_\_\_\_\_ If not, why do you want to join the Suffolk Youth Advisory Council? (attach page if needed):**

\_\_\_\_\_

\_\_\_\_\_

Give two or more of your ideas for Suffolk or the Youth Council (attach page if needed):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will your parents consent to your participation on the Youth Council by your attendance at biweekly meetings and other activities representing the City of Suffolk? **Yes** or **No**

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Parent Signature)

All applicants will be considered regardless of race, color, gender, national origin, or disability

**Return this application to the Suffolk Office on Youth**

**138 S. 6<sup>th</sup> Street**

**Suffolk, VA 23434**

**Attn: Youth Service Coordinator**

**For more information, Call: (757) 514-4503/Fax: 514-4524**

**Email: [jbranham@city.suffolk.va.us](mailto:jbranham@city.suffolk.va.us)**



## Suffolk Youth Advisory Council Parent Form

**Dear Parent/Guardian:**

By your willingness to complete this form, you are agreeing to support your children in the participation of the Suffolk Youth Advisory Council (SYAC). You are further agreeing to ensure your child's attendance at council meetings held the 1<sup>st</sup> and 3<sup>rd</sup> Mondays of the month and other activities sponsored by the SYAC.

Mark the appropriate box that indicates how much you agree or disagree with each statement regarding your child.

Statements	Strongly Disagree	Somewhat Disagree	Disagree	Not sure	Agree	Somewhat Agree	Strongly Agree
Demonstrates leadership							
Works well with others							
Willing to try new things							
Finishes what he/she starts							
Is a good listener							
Is well organized							
Respects authority							

What is your child's strongest attribute? \_\_\_\_\_

In what area has your child shown the most need for improvement?  
\_\_\_\_\_

Are you willing to volunteer to chaperone on field trips and activities? Yes or No

**CONSENT TO USE PHOTOGRAPHS:** I understand that photographs/videos may be taken of me and/or my child at any City of Suffolk program or facility for publication in material used to promote activities and projects.

**Release and Waiver:** In consideration of being permitted to participate in any way in the Suffolk Youth Advisory Council, I for myself, my heirs, personal representatives or assigns, do hereby release, waive, and forever discharge the City of Suffolk, its Council members, officers, employees, and agents for liability from any and all claims, demands, rights, and causes of action of whatever kind resulting in, but not limited to, bodily injury, personal injury, accident or illness(including death), and property damage sustained by me and my agents, representatives, employees, or family members arising from participation in the Suffolk Youth Advisory Council.

**Indemnification:** I shall indemnify and hold harmless the City of Suffolk, its Council members, officers, employees, and agents from and against any and all claims, losses, damages, fines, penalties, suits, and costs, including injury and death penalties imposed by any authority which arise out of any violation of law by, and all acts and omissions caused by me, my employees, subcontractors, agents, or representatives during the participation in the Youth Engagement Services.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_