



Volunteers in Action

Youth Council Application



Name of Applicant: _____
(Last) (First) (M.I)

Classification (please circle one): Sophomore Junior Senior

Age: _____ Ethnicity: _____ Gender: M F

School: _____

Home address: _____

City: _____ Zip Code: _____

Email address: _____

Your Cell Phone Number: _____

Parent(s)/Guardian(s) Name: _____

Parent's Contact information: Cell: _____

Home Number _____

Please list any other activities (Band, sports, job, extracurricular) that you are currently involved in:

Will you have transportation to meetings and events? _____

If you currently have a job, how many hours do you work per week and on what days?

Hours: _____ **Days:** Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Will your current schedule allow you to meet twice a month (initially) on Thursdays for meetings with the council? _____

Special Awards/ Honors: _____

Do you have any leadership roles currently (if yes please indicate what those are):

Please list any area of concerns that you see within your own community:

Can you think of a project or idea that might address those issues?

Why do you want to be a part of The Volunteers In Action Youth Council?

Applicant Signature: _____

Date: _____

Parent Signature: _____

Date: _____

EMERGENCY MEDICAL RELEASE FORM

The following information is necessary for the protection of your child in the event that he/she becomes injured or seriously ill during an event, meeting, or program activity and is in need of emergency medical treatment. This form will allow medical personnel to render limited emergency treatment until the parents/legal guardian can be reached. All information will otherwise remain confidential.

**** Please attach a copy of your medical insurance card (front and back) to this form**

Student's Information

Student's Name _____ Date of Birth _____

Address _____ City _____ State _____

Zip Code _____ Home Telephone Number _____

Alternate Telephone Number _____

Parent(s)/Guardian(s) Information

Parent's/Guardian's Names _____

Address (if different from Student's) _____ City _____

State _____ Zip Code _____

Home Phone (if different from Student's) _____

Cell Phone or Emergency Phone _____

Employer _____ Employer's Phone _____

Employer's Address _____

Emergency Contact and Phone Number _____ Relation _____

Student's Health History

Student's Past Illnesses _____

Date of Last Tetanus Shot _____ Other Immunizations _____

Allergies _____ Routine Medications _____

Chronic Illnesses/conditions _____

Past surgeries _____

Other Important Medical Information _____

Current Health Concerns _____

Health Insurance Company _____ Policy Number _____

Group Number _____ Subscriber Number _____

Secondary Insurance Company _____ Policy Number _____

Group Number _____ Subscriber Number _____

Student's Health History Cont.

Primary Physician (Name, Address, Phone) _____

Dentist (Name, Address, Phone) _____

*I (We) hereby give permission for emergency medical treatment of my/our child, _____
to the above named physician, emergency room personnel, or the ER physician on-call.*

(Parent/Legal Guardian's Signature)
(Date)

NOTARY INFORMATION/SEAL:

(Name of Notary printed, typed or stamped) (Signature of Notary Public)

Notary Public, State of _____ County of _____ My commission expires _____

On this _____ day of _____, _____, did _____ personally appeared before me,
(date) (month) (year) (name)

- _____ (who is personally known to me)
- _____ (whose identity I proved on the basis of _____)
- _____ (whose identity on the oath/affirmation of _____, a credible witness.)

To be the signer of the above instrument, and he/she acknowledged that he/she signed.

Volunteers In Action Youth Council Application VIA Council Program Requirements:

Each Applicant must:

- Mail a completed application including one reference and an official transcript to the Volunteer and Information Center (2101 Eastern Blvd. Ste 322, Montgomery, AL 36117) or fax the application to 264-9182 no later than **Friday, April 8, 2011**.
- Attend an informational meeting scheduled for **Thursday June 9, 2011 from 6:00-7:00 pm**. At this meeting additional responsibilities, timelines and schedules of the meetings will be presented. Parents are encouraged to attend this meeting as well.
- Every member on the council should attend all events and meetings. Members can be excused from an event or meeting due to illness, family emergency or death of a family member. Excessive absences will result in removal from the council.
- Members of the council who hold a leadership role may only miss two meetings before being dismissed from that position. After dismissal from the position the member becomes a member at large. The vacant position is then filled by a member that is nominated by the president and voted on by the entire council (majority rules).
- You are to act as an ambassadors and leaders for youth service in your community. As an ambassador, it is your responsibility to recruit volunteers from other service clubs, church and within the community. As an ambassador you represent the Volunteer and Information Center, in doing so we expect the highest ethical standards to be upheld while a member of the VIA Council. Failure to adhere to will result in immediate removal from the VIA
- Attend at least two leadership trainings. Location dates and times TBA.
- Participation in events, fundraisers and meetings are crucial for the council to bring effective change within our community. Leadership roles and commitment to the council should not be taken lightly.

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____