



APPLICATION FORM  
MEMBERSHIP 2011-2012

Personal Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Preferred name \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Ethnicity \_\_\_\_\_

Home/Daytime phone# \_\_\_\_\_ / \_\_\_\_\_

Cell phone# \_\_\_\_\_ / \_\_\_\_\_

E-mail address \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Home# \_\_\_\_\_ /Alternate \_\_\_\_\_ Cell Number \_\_\_\_\_

Address \_\_\_\_\_ \E-mail \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Parent/Guardian Employer \_\_\_\_\_ Work# \_\_\_\_\_

Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Youth Employer \_\_\_\_\_ Supervisor \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Days/Work Hours: M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ Thu \_\_\_\_\_ F \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

Middle/High School attend: \_\_\_\_\_ Grade \_\_\_\_\_

Graduate (when) \_\_\_\_\_ (School) \_\_\_\_\_ GED received (where/when) \_\_\_\_\_

License Number: \_\_\_\_\_ State: \_\_\_\_\_

Any prior criminal history (if yes, please list and describe) \_\_\_\_\_

Emergency contact: \_\_\_\_\_ relationship \_\_\_\_\_ phone# \_\_\_\_\_



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**CONSENT TO TREATMENT OF PARTICIPANT:** I am the custodial parent or legal guardian of Participant. I hereby warrant that to the best of my knowledge, Participant is in good health and physically able to participate in the Activity and I assume all responsibility for the health and physical condition and ability of Participant to so participate. In the event of circumstances that indicate that Participant is in need of immediate medical care, I authorize and give permission for Participant to be transported to a hospital/clinic/medical facility for evaluation and emergency medical or surgical treatment, including any necessary X-ray examination. I authorize any licensed physician or medical center to treat Participant. I accept full responsibility for any medical or hospital bills associated with the care of participant.

Name: \_\_\_\_\_

Hospital of Choice: \_\_\_\_\_

Insurance Company (please provide a copy of the insurance card) \_\_\_\_\_

Insurance Policy ID# \_\_\_\_\_ Insurance phone# \_\_\_\_\_

Physician's Name/Address/Phone# \_\_\_\_\_

What, if any, organizations have you worked for or been involved with as a volunteer?

\_\_\_\_\_  
\_\_\_\_\_

Please list supervisor and contact information \_\_\_\_\_

Do you have a mentor? Yes  No

If you have a mentor, list your mentor's name and the organization they are affiliated with.

\_\_\_\_\_

Are you interested in having a mentor? Yes  No

I am now receiving (or have received in the past) the following services:

- Special Education
- Counseling/Therapy
- Hospitalization
- Children or Adolescent Day Treatment Program (CDTP or ADTP)
- Foster Care
- Family Court
- Other Council/Organization/Religious Affiliations \_\_\_\_\_

My Diagnosis (if applicable) \_\_\_\_\_

Brief Description of Interest, Ideas, Successes, Activities and Hobbies: \_\_\_\_\_

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College Interest

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Career Interest

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Why would you like to be a member of the Youth In Action Council (YIA)?

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List 3 important challenges you think youth face today as it relates to mental health and what you suggest could help youth meet and/or surpass these challenges?

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The YIA council will meet twice a month in the evenings or weekends, as well as have other various meetings and service project activities throughout the year. What do you expect your commitment and attendance level will be?

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Do you have transportation to attend meetings or other activities? Yes  No

Do you have a disability that will require assistance? Yes  No

If yes what kind of assistance will you need? \_\_\_\_\_

#### MEDIA RELEASE

I do \_\_\_/do not \_\_\_ grant Tennessee Voices For Children, Nashville Tennessee, or those for whom they are acting as indicated below, the right and permission to copyright and/or publish photographic portraits or pictures in which I/my child may be included in whole or in part of composite or reproductions thereof in color or otherwise made through any media or photography for art, advertising, trade or any other similar lawful purpose whatsoever, including television and product packaging. I waive my right to inspect and/or approve the finished product or the advertising copy that may be used in connection therewith. I hereby release and hold harmless Tennessee Voices For Children, Nashville Tennessee, its agents, successors and all persons acting under its permission or authority or those for whom it is acting from any liability whatsoever by virtue of any publication, dissemination, or processing, including blurring, distortion, alteration, use of optical illusion, and taking of said picture or in any processing leading to the completion of the finished product.

Parental or Legal Guardian Consent for participation in the Youth in Action Council  
Affiliated with Tennessee Voices for Children (If under 18)

Youth Name \_\_\_\_\_ Date: \_\_\_\_\_

In order for your youth to become a member of the Youth In Action Council, we will need your consent in helping him/her to have a productive experience. Please read and sign this parental consent form in order for us to continue our process of finalizing your child's membership. **This release will stay in effect for 1 year.**

I UNDERSTAND THAT MY CHILD, NAMED ABOVE, WISHES TO PARTICIPATE IN THE YOUTH IN ACTION COUNCIL. I HEREBY GIVE MY PERMISSION FOR HIM/HER TO SERVE IN THIS CAPACITY. I UNDERSTAND THAT HE/SHE WILL BE PROVIDED WITH ORIENTATION AND TRAINING NECESSARY TO ASSIST IN THE PERFORMANCE OF THE YOUTH IN ACTION COUNCIL MISSION AND GOALS. I UNDERSTAND THAT HE/SHE WILL BE EXPECTED TO MEET ALL OF THE REQUIREMENTS OF THIS POSITION, INCLUDING ATTENDANCE AND ADHERENCE TO ALL RULES, ASSIGNMENTS, AND POLICIES. I UNDERSTAND THAT HE/SHE WILL NOT BE COMPENSATED FOR SERVICES CONTRIBUTED.

BY INITIALING AND SIGNING BELOW, I ALSO ACKNOWLEDGE THAT T MY CHILD HAS MY PERMISSION TO BE TRANSPORTED BY DESIGNATED TVC STAFF OR VOLUNTEER FOR OUTSIDE ACTIVITIES NECESSARY FOR COMMUNITY WORK AND FOR URGENT MEDICAL CARE ONLY IN MY ABSENCE SHOULD THE NEED ARISE. I ALSO AUTHORIZE TVC TO USE MY CHILD'S FIRST NAME AND IMAGE IN MEDIA RELEASES OR PRINTED INFORMATION ASSOCIATED WITH THE YIA COUNCIL.

\_\_\_\_ (initial) APPROVAL AND PERMISSION FOR MY CHILD TO VOLUNTEER WITH THE YOUTH IN ACTION COUNCIL AND ITS ACTIVITIES

\_\_\_\_ (initial) APPROVAL AND PERMISSION FOR DESIGNATED TVC STAFF OR VOLUNTEER TO PROVIDE TRANSPORTATION FOR MY CHILD TO PARTICIPATE IN OUTSIDE ACTIVITIES ASSOCIATED WITH THE YOUTH IN ACTION COUNCIL

\_\_\_\_ (initial) APPROVAL AND PERMISSION TO PROVIDE URGENT MEDICAL CARE ASSISTANCE ONLY IN MY ABSENCE

**LIABILITY WAIVER:** In consideration of the arrangement set forth herein, I do on behalf of myself, Participant and our respective heirs, successors, assigns and next of kin, release, waive, hold harmless, defend and covenant **NOT TO SUE, Tennessee Voices for Children and any participating affiliate organizations,** nor any of their respective departments, directors, administrators, teachers, officers, agents, representatives, volunteers and employees from any and all actions, claims, demands or liabilities, including without limitation, those for personal injuries or property damage, that I and/or Participant may suffer due to illness or injury suffered by Participant as a result of, or in connection with, participation in any activities, including the administration of authorized medications, medical treatment and any consequences that may arise as the result of said treatment, including without limitation, travel to and from the activities, housing, meals and collateral entertainment to the fullest extent permitted by law.

**I certify to you that the information contained herein is true and correct to the best of my knowledge and that I fully understand the terms and legal consequences of my execution of this CONSENT AND WAIVER FORM FOR YOUTH consisting of three (4) pages.**

PARENT/GUARDIAN: (PRINT) \_\_\_\_\_ (DATE) \_\_\_\_\_

PARENT/GUARDIAN: (SIGNATURE) \_\_\_\_\_ (DATE) \_\_\_\_\_