

Change something about your home city.
Help young people's voices be heard.
Influence your peers and decision makers.
Speak out about mental health awareness.

If this sounds like you, then join
YOUTH M.O.V.E. TENNESSEE!



Name:

Birthday (MM/DD/YYYY):

Gender:

Address:

Home Phone Number:

Cell Phone Number (if you have one):

E-mail address:

Emergency Contact Name &
Relationship to You:

Emergency Contact's Phone #:

School Name:

Grade:

Why would you like to become a member of the Youth M.O.V.E. Council?

Sponsored & Supported by:



System of Care Expansion Grant 2014-2015

Physical & Mental Challenges: (Please check boxes and list any/all conditions you have within each category)

(Note: We ask this question to make sure our youth councils accommodate the needs of any and all participants)

<input type="checkbox"/>	Physical Impairment:: (ex. mobility challenges, etc.)	
<input type="checkbox"/>	Sensory Impairment: (ex. Blindness, deafness, etc.)	
<input type="checkbox"/>	Mental Health Condition: (ex. depression, anxiety, bipolar disorder, autism)	
<input type="checkbox"/>	Cognitive Impairment/Learning Disability/ Difficulty (ex. ADD, ADHD, etc.)	
<input type="checkbox"/>	Other Conditions or Long-Standing Illness (i.e. cancer, HIV, epilepsy, diabetes, etc.)	
<input type="checkbox"/>	No diagnosis	

Parent/Legal Guardian Consent for Participation (if youth under 18)

I understand that my youth, _____, wishes to participate in the Youth M.O.V.E. Council. I hereby give my permission for her/him to serve in this capacity. I understand that she/he will be provided with orientation and training necessary to assist in the performance of the Youth M.O.V.E. mission and goals. I understand that she/he 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 she/he will not be compensated for services provided. By initialing and signing below, I also acknowledge that my youth has my permission to (1) participate in the youth council, (2) be transported for outside activities necessary for community work, and (3) be transported and be treated for urgent medical care only in my absence, should the need arise.

_____ (parent/legal guardian initial) Approval & Permission for my youth’s participation in the Youth M.O.V.E. Council

_____ (parent/legal guardian initial) Approval & Permission for TVC Staff/Volunteers to transport youth for Youth M.O.V.E. Council meetings/activities

_____ (parent/legal guardian initial) Approval & Permission to transport youth and authorize urgent medical care treatment in my absence

Media Release

I do____/do not____ grant Youth M.O.V.E. & Tennessee Voices for Children, 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 youth 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 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 in any processing leading to the completion of the finished product.

Youth Name (Print)

Youth Signature

Date

Parent/Guardian Name (Print) (if youth under 18)

Parent/Guardian Signature

Date