

Drug Free Charlotte County

Youth Leadership Application

Applicants must:

- Complete and submit application/questions (below) to (front office)
- Applications should be based on positive attitude, leadership, good character in and out of school and the ability to work well with your peers and adults.
- All applicants are committed to staying drug and alcohol free.
- The application process will include a short interview with Jimmy Sella, Jen Bernardi (Youth Leader Mentors) and current Youth Leaders

Benefits:

- Earn community service hours
- Participate in local and state wide conferences, etc.
- Free stuff
- Leadership skills

Student _____ School _____ Grade _____
Cell _____ Text ____ yes ____ no (Must have signed parental permission below)
Home phone _____ Email _____
Address _____
Parent/guardian _____
Cell _____ Text ____ yes ____ no

Answer each of the following questions as thoroughly as possible. Use separate sheet if needed.

1. Why are you interested in leadership with DFCC YTF? _____

2. What do you feel are your strengths and weaknesses? _____

3. What extracurricular activities do you enjoy? _____

4. Adult Reference other than family:

Name and Number _____

For more information please contact Jimmy Sella 941-585-6524

Text Messaging Waiver:

I _____ give permission for my child _____ to receive text from DFCC employees with information of event, meeting, school activities and trainings. Unless it is an emergency situation, we will not text or return text messages of students during school hours.

I would also like to be put into the text group to receive the texts from DFCC employee about events, meetings, school activities and trainings. # _____

Parent/Guardian Signature _____ Date _____

Consent for Youth Participation

Students Name: _____

I hereby request and consent that my child or ward, _____, be permitted to travel to/ from and participate in the Drug Free Charlotte County (DFCC) Leadership activities.

I understand the following:

- I recognize that my child/ward will be attending any events as a representative of DFCC and therefore as a representative of DFCC they will abide by all rules and safety measures; if behavior is not compliant with DFCC rules you will be asked to come and pick up your child/ward from the training/meeting/event. _____ (please initial)
- Our trainings/meetings/events are designed as a means to educate and empower participating youth and their chaperones on the latest techniques and social norms in underage alcohol/tobacco/drug prevention.
- I agree that no official or employee associated with DFCC will be held responsible for any injuries or damages occurring while my child is traveling to or from or participating in the trainings/meetings/events. I do hereby hold harmless the sponsoring agencies, their officials, divisions and agents against any and all liability, damage, loss, claims or demands which arise out of or are in any way connected with my child or ward's participation in the meeting. _____ (please initial)

Medical Treatment:

- I hereby authorize any official of the training or designated chaperone to consent to emergency medical treatment as necessary for the health and safety of my child. I further agree that no official or volunteer will be held responsible for injuries or damages arising from the provision of any such emergency medical treatment.
- I do hereby agree to indemnify and hold harmless the sponsoring agencies, their officers, divisions and agents from any and all liability, damages, loss, claims, or demands and actions of any nature whatsoever, including attorney's fees, which arise out of or are in any way connected with the provision of such emergency medical services.
_____ (please initial)

Emergency Contact Information:

Name _____ Phone _____

Alternate Contact: _____ Phone _____

Doctor: _____ Phone _____

Please List any known allergies, medical conditions etc. _____

Please list any other condition that you feel DFCC should be aware of: _____

Media Consent

- For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I hereby grant the Drug Free Charlotte County and others working for it or on its behalf, and their respective licensees, successors, and assigns (collectively, "Client"), the unlimited right and permission to use, distribute, publish, exhibit, digitize, broadcast, display, reproduce, and otherwise exploit my name, picture, likeness, voice and biographical information, or any material based thereon or derived there from, or to refrain so doing, in any manner or media whatsoever (whether now known or hereafter devised) anywhere in the world for the purposes of advertising or trade in promoting and publicizing Client and its products and services.
- I shall have no right of approval, no claim to compensation, and no claim (including, without limitation, claims should be based upon invasion of privacy, defamation, or right of publicity) arising out of any use, alteration, blurring, distortion, faulty reproduction, illusionary effect or use in any composite form of my name, picture, likeness, voice and biographical information.
- I have the full right and authority to grant the rights granted hereunder and I agree that this Consent and Release does not in any way conflict with any existing commitment on my part. I have not heretofore authorized (which authority is still in effect), nor will I authorize or permit the use of my name, picture, likeness, voice, and biographical information in connection with the advertising or promotion of any product or service competitive to or incapable with those of Client.

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Youth Signature: _____ Date: _____

Parent/Guardian Name (Printed): _____

Parent/Guardian Home Phone: _____ Work Phone: _____

Parent/Guardian Signature: _____ Date: _____