



# LONE STAR CIRCLE OF CARE (LSCC) YOUTH ADVISORY COUNCIL APPLICATION

Name:	
Address:	
Legal Guardian:	
School:	
Grade:	Date of Birth:
Statement of Interest: (Pleas hope to gain or accomplish as a mem	se indicate why you are interested in serving on the Youth Advisory Council and what you ber.)





# **Student Participation & Attendance Commitment**

Participation is essential for the LSCC Youth Advisory Council (YAC) to meet its goals/objectives. By signing, I agree to commit to attending at least 80% of meetings and various events or programs, in addition to providing input through regular electronic communications. As such, I understand that electronic communications are a vital form of communication for the YAC, and I am acknowledging responsibility for regularly checking and responding to YAC-related text and/or emails. I am aware of meeting dates and times of LSCC's YAC, and I am aware of the attendance requirements.

Signature of Member Applicant:	
Print Name of Student Signature Above:	
Date:	
Parental/Le	egal Guardian Acknowledgment
in all related activities. I am aware that my child, if selected,	CC's Youth Advisory Council and has my full permission and consent to participate must attend at least 80% of the YAC meetings and various events or programs. selected, check and respond to YAC emails and/or texts in order to be aware of
I am aware that my child must submit a completed application non-family adult in the community by email to Dr. Chinwe E	ation and ONE signed letter of recommendation or character reference from a Efuribe at Lonestaryac@gmail.com.
Signature of Parent or Legal Guardian:	
Print Name of Signature Above:	
Date:	
Audio	o and Video Release
·	nd convey to LSCC all right, title, and interest in and to, including any royalties, images and video or audio recordings made of myself and/or my child by LSCC
Signature of member or parent/legal guardian	Printed name of parent/legal guardian
Printed name of member	 Date





## **Release and Indemnity**

In consideration of participation in the Lone Star Circle of Care Youth Advisory Council (YAC), I agree on behalf of myself and/or my child to the following:

I acknowledge that I am either an adult participant OR I am the parent or legal guardian of the child participant named above and consent to my child's participation in YAC. This waiver of liability, release and indemnity agreement is a contract with legal and binding consequences for the participant, and participant's legal representatives and assignees. By signing this agreement, I am agreeing to indemnify, not to sue, and release from liability Lone Star Circle of Care, its officers, employees, agents, volunteers, and other participants (collectively "releases"). I acknowledge that I am giving up substantial legal rights for my child and/or myself by signing this agreement. I have read this agreement carefully before signing, understand what it means, what I am agreeing to by signing it, and have signed it without any inducement or assurances of any kind, intending it to be a complete and unconditional release of liability. If a court finds or rules that any part of this agreement is invalid or unlawful, the remainder of the agreement continues to be binding and enforceable. The laws of the State of Texas govern this agreement and lawsuit may only be prosecuted on this agreement in a court of competent jurisdiction located in or having jurisdiction in Travis or Williamson Counties.

I hereby agree, on behalf of myself and/or my child, and his/her heirs, assigns and agents, to release and discharge LSCC, its directors, officers, employees, agents, invitees, sponsors, and donors, from and against all liability, actions, claims, and demands that I may have as a result of my child's participation in the YAC. I hereby release, discharge and hold harmless LSCC from any liability or claim arising out of such participation. I understand that this release discharges LSCC from any liability or claim that may arise out of or in connection with participant's activities as part of the YAC, including any claim for personal injury, illness, death or property damage, whether caused by the negligence of LSCC or its officers, directors, employees, agents, or invitees.

Signature of member or parent/legal guardian	Printed name of parent/legal guardian
Printed name of member	
Med	dical Authorization
Applicants to the Youth Advisory Council do not have to not include or involve medical services. No health inform	be patients of Lone Star Circle of Care, and participation in the YAC does nation is collected from YAC participants.
for myself or my child or to transport a member to a med	cle of Care and/or any of its authorized personnel to call for medical care dical facility or hospital if, in their opinion, medical attention is necessary. cal care and related transportation. I attest that I am eighteen (18) years of lian has signed this agreement.
Signature of member or parent/legal guardian	Printed name of parent/legal guardian
Printed name of member	





# **Qualifications for Membership**

#### **Eligibility Requirements**

- Live within the Central Texas area
- Be between the ages of 13 and 22 years old

#### **Additional Application Requirements**

- Submit a completed application, including all related forms and signatures
- Submit a letter of recommendation from a teacher or community member who can speak to your character

# **Application Instructions**

- 1. Complete the entire YAC application. Incomplete or ineligible applications are not considered.
- 2. Submit the completed application and one letter of recommendation.
- 3. Submit this application before the above due date to Dr. Chinwe Efuribe by email to Lonestaryac@gmail.com.





## **Meeting Information**

Members are expected to commit and attend at least 80% of the scheduled monthly YAC meetings and participate in many of the additional service opportunities provided. Please note the meeting dates and times will be sent out via text message and/or email. Each YAC member/parent is required to inform a YAC Facilitator if the member will not be attending a meeting. Notice of each meeting will be texted or emailed to the student at least one (1) week prior to the meeting, making it essential that members are checking and responding to all YAC texts and emails.

If a member does not have access to a phone with texting features or an email account, it is the member's responsibility to notify a YAC facilitator so other forms of communication can be explored.

## **Importance of Attendance**

Attendance at monthly YAC meetings is critical to the success of LSCC Youth Advisory Council and to ensuring that each meeting has a reflective representation of the teen community in Central Texas. Because enrollment is limited, attendance becomes even more crucial. Due to the importance of attendance, members are asked to sign a commitment form acknowledging the following:

- Failure to attend and participate in less than 80% of meetings and events may result in immediate dismissal from the YAC.
- School activities are an acceptable absence excuse. Members are required to contact a YAC Facilitator or Dr. Chinwe Efuribe
  to inform them of a school activity that would prevent attendance at a YAC meeting or event. Failure to notify a YAC
  Facilitator or Dr. Chinwe Efuribe will result in an unexcused absence.
- Family or personal emergencies are acceptable absence excuse but verification by a parent or caregiver may be requested.

Signature of member or parent/legal guardian	Printed name of parent/legal guardian
Printed name of member	- Date