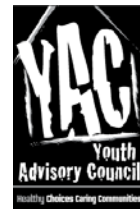




Healthy Choices Caring Communities
606 S. Shoop Avenue, Wauseon OH 43567
Phone 419-337-0915 Fax 419-337-0561
HC3Partnership@gmail.com
www.HC3Partnership.org



YAC Volunteer Application

Date: _____

Preferred Name: _____ Phone: _____ T-shirt size: _____

Student Cell: _____ Texting? ____ Yes ____ No Birthdate: _____

Social Media: _____ Facebook _____ Instagram _____ Twitter _____ Other _____

Parents' Names: _____

Home Address: _____ Parent Phone: _____

Email: Student or Family (please circle) _____

I attend _____ (school) in Fulton County. Grade level: _____

I am involved in the following school and community activities:

___ Athletics (indicate sport(s)) _____

___ Music (indicate band, choir etc.) _____

___ Clubs (indicate which club(s)) _____

___ 4-H, Boys/Girls Scouts etc. _____

___ Faith based activities (indicate which church) _____

___ Volunteer Work (indicate where) _____

___ Paid Work (indicate where) _____

Youth Advisory Council (YAC)

Volunteer Application Form page 2

Name: _____

School: _____

We would like each applicant to look at Healthy Choices Caring Communities' (parent organization of YAC) website (HC3Partnership.org) as well as our Facebook page (Healthy Choices Caring Communities) to gain a better understanding of our organization.

Based on this "research," what did you find interesting about what Healthy Choices Caring Communities (HC3) or YAC does?

Why do you want to be part of our Youth Advisory Council (YAC)?

What do you like to do for fun?

How do you think your participation in our Youth Advisory Council will benefit your community?

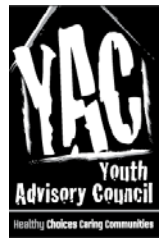
Completed application including parental permission form should be returned by May 31st to:

Youth Advisory Council
Fulton County Health Department
606 S. Shoop Ave.
Wauseon, OH 43567

Approved 4/6/15 YAC Exe Bd



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Parental Consent to Participate and/or Photograph

My child_____ has permission to participate in the Healthy Choices Caring Communities and Youth Advisory Council activities. I understand that she/he will be expected to participate in 50% of all Youth Advisory Council (YAC) meetings and activities. Healthy Choices Caring Communities (parent organization of YAC) will invest over \$20,000 in this youth leadership program and I understand that there may be a cancellation fee if my son/daughter commits to attend an additional state-wide leadership event (e.g Youth to Youth or CADCA trainings) or a local event (YAC retreat) and they are unable to attend the event.

I understand the meetings & activities may be photographed and/or videotaped for educational or media purposes (including Facebook, Twitter and Instagram and other social media sites).

I give permission for the photographing and potential posting of the photographs and/or videos publically through all forms of media of my child _____.

_____ I do not wish to have my child photographed and/or videotaped.

_____ Please contact me at _____ to discuss the concerns I have regarding the Youth Advisory Council.

YAC Member Signature:_____ Date:_____

Parents' Signature: _____ Date: _____