



Youth Advisory Council Application

Parks and Leisure Services Department
3650 NE 12th Avenue
(954) 630-4500

Student's Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

School Student Attends: _____ Year in School: _____ Student's GPA: _____

How did you hear about YAC? _____

What school activities/ extracurricular programs are you involved in? (Positions, Offices, Awards, Honors)

Why do you want to be a member of the YAC? _____

What qualities do you have that would benefit the YAC? _____

Why is youth involvement important in the community? _____

What types of community projects/ service would you like to be part of? _____

In one paragraph, please explain why you should be selected to be a member of the YAC. _____

Can you make a commitment to attend a meeting at least once per month? Yes _____ No _____

The UNDERSIGNED PARTICIPANT and/or his/her guardian, in consideration for the City of Oakland Park through its Parks & Leisure Services Department for providing facilities, instruction and supervision in the activity listed above does hereby: Assume all risk of possible damage or injury involved through participation in the above noted activity and including transportation to and from any trips associated with this activity. Agree to indemnify and hold harmless the City of Oakland Park and/or its departments or agents from liability resulting from my/my child's participation in said activity. Understand that City of Oakland Park employees are prohibited from dispensing medication to any program participant. I hereby grant authorization to the City of Oakland Park to use photographs of myself and/or my child. I understand that I or my child will be asked to withdraw from the program if I or my child become(s) a disciplinary problem and/or disrupt the operation of the program.

Submitted by (child print name) _____ Signature: _____

Parent signature _____ Date: _____

APPLICATION DEADLINE – DECEMBER 17, 2010