

# City of Belton

## Youth Advisory Commission 2018-2019

Commitment Pledge, Application, Liability Waiver & Proposed Calendar

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**Mission statement:** Youth representatives serving Belton by integrating ideas and interests through community participation.

**Goal:** To develop youth leaders committed to learning about local government and the roles they can have in it, making a difference in our community and the lives of youth, recognizing their voice and using it, and representing other youth in the City of Belton.

**Commitment:** We encourage all to apply recognizing the commitment required for each person to be an effective member of the Youth Advisory Commission (YAC) and YAC Task Essential Associate Member (TEAM). Please be aware of the following requirements of membership on the YAC and TEAM:

- Meet ONE of the following residency requirements:
  - Attend a BISD school
  - Homeschooled & resides at a Belton address
  - Attends a private school & resides at a Belton address
- Enrolled in grades 9-12, at time of application
- Attend one meeting per month
- Attend Christmas On The Chisholm Trail
- Attend other departmental board and commission meetings as assigned
- Attend One Community One Day (OCOD)
- Attend the YAC Adopt-A-Park clean-up days
- Accept mentoring from peers
- Make presentations to peers and civic clubs
- Attend the Youth Advisory Summit if selected, may require travel
- Keep parents/guardians informed of scheduled activities

**For commission consideration (9 positions), applications must be submitted by Friday, August 3, 2018. Board members will be appointed at an August 2018, City Council meeting. Standard application deadline will be Friday, September 7, 2018. An orientation meeting will be held on Monday, September 17. All applicants not appointed to commission positions will become a part of the TEAM.**

**No applicant willing to commit the time will be denied.**

***Please submit application in person, by email, or by fax.***

City of Belton  
Parks & Recreation Department  
P.O. Box 120  
Belton, Texas 76513

Email: [parksandrec@beltontexas.gov](mailto:parksandrec@beltontexas.gov)  
Fax: 254-933-2469  
Phone: 254-933-5861  
[www.beltontexas.gov/parksandrec](http://www.beltontexas.gov/parksandrec)

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### STUDENT INFORMATION (please print)

First Name

\_\_\_\_\_

Last Name

\_\_\_\_\_

Street Address

\_\_\_\_\_

City

\_\_\_\_\_

Zip

\_\_\_\_\_

Mailing Address (if different from above)

\_\_\_\_\_

City

\_\_\_\_\_

Zip

\_\_\_\_\_

Email Address

\_\_\_\_\_

Cell phone

\_\_\_\_\_

Home Phone

\_\_\_\_\_

Birthdate

\_\_\_\_\_

T-shirt size (based on adult size only)

\_\_\_\_\_

School Attending

\_\_\_\_\_

Grade (as of August 2018)

\_\_\_\_\_

Extracurricular activities, including sports: \_\_\_\_\_

\_\_\_\_\_

What community service activities have you been involved in recently? \_\_\_\_\_

\_\_\_\_\_

What qualities, skills, strengths, and resources would you bring to the Youth Advisory Commission and/or TEAM?

\_\_\_\_\_

\_\_\_\_\_

What areas of interest would you like the group to work on?

\_\_\_\_\_

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What would you hope to accomplish by your membership in the Belton Youth Advisory Commission and TEAM?

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### PARENT/GUARDIAN INFORMATION (please print)

Regardless of applicants age, parent/guardian must fill out information below in full.

First Name

Last Name

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Street Address

City

Zip

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Mailing Address (if different from above)

City

Zip

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Email Address

Cell phone

Home Phone

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My son/daughter, \_\_\_\_\_, has my permission to apply for the City of Belton YAC and TEAM.

In the event medical treatment is required, the information listed below will be supplied to an attending physician. The City of Belton, its employees, officers, chaperones, agents, and servants, those for whom it is acting, those acting with its authority and permission, or in conjunction and cooperation with it, will not administer medication.

Date \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_

Insurance information \_\_\_\_\_ Contact # \_\_\_\_\_

Family Doctor \_\_\_\_\_ Office Phone \_\_\_\_\_

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Prescribed medication(s) \_\_\_\_\_

Allergies or known health issues \_\_\_\_\_

Emergency Contact (if different from above) \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

### **AUTHORIZATION AND RELEASE Transportation and/or purpose of travel Medical treatment**

The Belton Youth Advisory Commission and TEAM conducts public meetings and provides community service. Due to the nature of the activities the students may receive media coverage or be featured on the city website or social media platforms.

For the purpose of transportation and travel, I hereby waive any claims I may have against the City of Belton, its employees, officers, chaperones, agents, and servants, those for whom it is acting, those acting with its authority and permission, or in conjunction and cooperation with it, for any injury that the applicant may suffer while traveling with or under the care of the above. In the event that medical treatment is required, medical information supplied in packet will be shared with attending medical personnel.

By signing this form both the applicant and parent/guardian acknowledges that this authorization and release is binding upon my representatives, heirs, and assigns.

Additionally by signing this agreement, both the applicant and parent/guardian acknowledge the rules for behavior at YAC events, activities, summit, and other community service obligations, as stipulated in the bylaws and itineraries. It is understood that, in the event of a serious behavior problem, the YAC or TEAM member's parent/guardian may be notified to pick up child from any commitment and/or location of activity, including the annual YAC Summit, at their own expense.

I hereby consent that I have read the above authorization and release, and that I am fully familiar with its contents.

Date \_\_\_\_\_ Youth printed name \_\_\_\_\_

Youth Signature \_\_\_\_\_

**If applicant is under 18 years of age, the parent/guardian must also give consent.**

I hereby certify that I am the parent/guardian of \_\_\_\_\_  
I consent without reservation, to the above and foregoing on behalf of him/her.

Date \_\_\_\_\_ Parent/Guardian printed name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

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### **September 17**

October 15

November 26

### **December 1**

December 10

\*December 11

January 14

\*February 8 & 9

February 11

**TBD**

March 18

April 1

### **April 6**

### **April 13**

May 20

### **YAC Orientation**

Monthly meeting

Monthly meeting

### **Christmas on the Chisholm Trail**

Monthly meeting

*Library's Polar Express at the Harris Community Center*

Monthly meeting

*Daddy Daughter Dance at the Harris Community Center*

Monthly Meeting

**YAC Conference**

Monthly meeting

OCOD Volunteer Meeting

### **One Community One Day**

### **One Community One Day – Rain Out Day**

Final Monthly meeting

\*Indicates an optional event, not mandatory for YAC membership.

Other volunteer opportunities may arise and will be emailed to the YAC.

Dates of monthly boards/commissions meetings will be given out at each monthly meeting for reference.