Application Deadline: Wednesday, April 24 at 5:00 p.m.

YOUTH ADVISORY COUNCIL APPLICATION

Name: ______________________________________________________________________________

Address: __________________________________________________________________________

____________________________________________________________________________________

Parent: ______________________________________________________________________________

School: ______________________________________________________________________________

Grade (19-20): ___________________________________ DOB: ______________________________

To be eligible to apply for the Bastrop Youth Advisory Council, a student must:

● Live within the Bastrop ISD attendance boundaries;
● Be enrolled in high school for the upcoming school year (9th-12th grade), public, private or homeschool;
● Be between the ages of 13 and 19; and
● Have a GPA of 3.0.

An applicant must submit a completed application, high school transcript, and a letter of recommendation from a teacher or community member (not someone related to you) before the due date to the Bastrop ISD Service Center at 906 Farm Street or by email to Dr. Kristi Lee, Executive Director of Communications & Community Relations, at klee@bisdtx.org.

Statement of Interest: (Why do you want to serve on the YAC and what do you hope to gain or accomplish?)

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____________________________________________________________________________________
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Student Participation & Attendance Commitment

***YAC meets the 1st Tuesday of every month at 6:00 pm at Bastrop City Offices.***

Participation is essential for the Bastrop’s Youth Advisory Council (YAC) to meet its objectives. By signing, I agree to commit to attending at least 75% of meetings and various events or programs, in addition to providing input through regular electronic communications. As such, I understand that e-mail is a vital form of communication for the YAC, and I am acknowledging responsibility for regularly checking and responding to YAC related emails. I am aware of meeting dates and times of the Bastrop’s Youth Advisory Council, and I am aware of the attendance requirements.

Signature of Student Applicant: ____________________________________________

Print Name of Student Signature Above: ____________________________________

Date: __________________________

Parental Acknowledgment

I understand that my child is pursuing involvement in the City of Bastrop’s Youth Advisory Council and has my full permission and consent to participate in all related activities. I am aware that my child, if selected, must attend at least 75% of the YAC meetings and various events or programs. Accordingly, I also understand that it is vital that my son / daughter, if selected, check and respond to YAC emails in order to be aware of all YAC meetings and news.

I am aware that my son / daughter must submit a completed application and ONE signed letter of recommendation from a high school teacher or character reference to the Bastrop ISD Service Center at 906 Farm Street or by email to Dr. Kristi Lee at klee@bisdtx.org by Friday, April 13, 2018 at 5:00 pm.

Signature of Student Applicant: ____________________________________________

Print Name of Student Signature Above: ____________________________________

Date: __________________________

By signing this application you agree to allow the use of your child’s photograph and release of the above information for promotional purposes of the program (as required by the Public Information Act).
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Parental Consent and Waiver of Liability

In consideration of participation in the City of Bastrop’s Youth Advisory Council (YAC), I agree on behalf of myself and/or my child to the following:

I acknowledge that I am the parent or legal guardian of the child 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 of my child, legal representatives, assignees and I. By signing this agreement, I am agreeing to indemnify, not to sue, and release from liability the city of Bastrop, its officers, employees, agents, volunteers, and other participants (collectively “releases”). I acknowledge that I am giving up substantial legal rights for my child and 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 Bastrop County, Texas.

Release and Indemnity

I release, discharge, indemnify, and hold harmless the releasees from, and covenant not to sue the releasees for, all liability, claims, demands, losses, damages, or costs, including attorney’s fees, caused or alleged to be caused by the sole, joint or concurrent negligence of the releasees arising out of my child’s participation in or association with YAC.

___________________________________________  __________________________________________
Signature of participant or parent/legal guardian  Printed name of parent/legal guardian

___________________________________________  __________________________________________
Printed name of participant  Date

Medical Authorization

I authorize the City of Bastrop and/or any of its authorized personnel to call for medical care for my child or to transport my child to a medical facility or hospital if, in their opinion, medical attention is necessary. Further, I agree to pay all costs associated with the medical care and related transportation. I attest that am eighteen (18) years of age or older or if I am younger my parent or legal guardian has signed this agreement.

___________________________________________  __________________________________________
Signature of participant or parent/legal guardian  Printed name of parent/legal guardian

___________________________________________  __________________________________________
Printed name of participant  Date
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Meeting Information & Importance of Attendance

***YAC meets the 1st Tuesday of every month at 6:00 pm at Bastrop City Offices.***

Members are expected to commit and attend at least 75% of the scheduled monthly YAC meetings and participate in many of the additional service opportunities provided. Each YAC member is required to inform the City Staff Liaison and the District Liaison if he or she will not be attending a meeting. Unless otherwise posted, the standing meeting for the YAC will be the first Tuesday of each month at 6:00 pm in the Council Chamber of Bastrop City Offices. Notice of each meeting will be emailed to the student 72 hours prior to the meeting, making it essential that students are checking and responding to all YAC emails.

Attendance at monthly YAC meetings is critical to the success of Bastrop’s Youth Advisory Council and to ensuring that each meeting has a reflective representation of the teen community in Bastrop. 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 75% of meetings and events will result in dismissal from the YAC.
- Failure to attend three consecutive meetings will result in dismissal from the YAC.
- Although school activities are an acceptable absence excuse, members are required to contact the Staff Liaison and District Liaison to inform them of a school activity that would prevent attendance at a YAC meeting or event. **A STUDENT SHOULD NOT APPLY FOR MEMBERSHIP ON THE YOUTH ADVISORY COUNCIL IF HE/SHE KNOWS OF A CONFLICT THAT WOULD PREVENT HIM/HER FROM ATTENDING MEETINGS ON THE FIRST TUESDAY OF EACH MONTH AT 6:00 PM.**
- Family emergencies are acceptable absence excuse but verification by a parent may be requested.

___________________________________________
Signature of participant or parent/legal guardian
___________________________________________
Printed name of parent/legal guardian

___________________________________________
Printed name of participant
___________________________________________
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