

### *As a YES Participant, I will:*

- Learn about drug and alcohol prevention strategies.
- Assist other young people by using the drug and alcohol prevention strategies I've Learned.
- Complete community service volunteer hours.
- Participate in Community Events.
- Assist with the general office duties (such as: answer the phone, take messages, file papers, and compose documents.
- Prepare the folders, goody bags, and other workshop materials used in presentations.
- Support and represent the Coalition efforts in my School.
- Encourage my peers to lead safe, healthy, substance-free, and tobacco-free lifestyles.
- Have a positive impact upon my friends, my family, and my community.

**Youth Empowerment Society Application**

**Name** \_\_\_\_\_ **Sex** \_\_\_\_\_ **Age** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

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

What School Do you Attend? \_\_\_\_\_

Your Email address: \_\_\_\_\_

**What Types of Activities do you participate in at School?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you work? \_\_\_\_\_ If so, Where? \_\_\_\_\_

Work phone \_\_\_\_\_ Hours per week \_\_\_\_\_

How did you hear about / become interested in the Hamilton County Coalition?

**What are your educational / career plans after High School graduation?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REFERENCES**

Please include one educational reference and one community reference. The academic reference may be either a teacher or an administrator. The community reference must be 21 or older and should not be a relative.

**Academic Reference:**

Name \_\_\_\_\_ Position \_\_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_\_

**Community Reference:**

Name \_\_\_\_\_ Position \_\_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_\_

**Emergency Contact:**

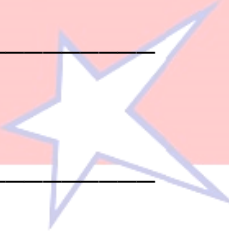
Name \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_ Relationship to You \_\_\_\_\_

I affirm that the information outlined in the above application is accurate and complete to the best of my knowledge. I acknowledge that I will not be paid for my services as a volunteer.

\_\_\_\_\_  
Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

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



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Why do you think preventing the use of alcohol and drugs in teens and youth is important?


What do you think are some fun/creative ways to let other teens and youth know about the dangers of underage drinking and drug use?


What are you wanting to accomplish in this summer program? (things you're wanting to do, reaching others... overall goals)


Why did you join this summer program?


office use Only: Application Status: Approved \_\_\_\_\_ Denied \_\_\_\_\_

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**This is a Release of Legal Rights, Please Read and Understand Before Signing the attached form. The Hamilton County Coalition. will be known in this document as (HCC)**

I \_\_\_\_\_, **the parent or legal guardian of \_\_\_\_\_, the minor child**, desire for the child to participate. During The YES Summer Camp and its related activities, I understand the potential dangers in participating in such programs, such as personal and bodily injury.

I understand the HCC will at all times exercise reasonable care and maintain a high standard in maintaining a reasonably safe and hazard free environment. I further acknowledge that my minor child's failure to abide by or to function within the boundaries of HCC standards of reasonable care constitute grounds for exclusion from its programs and activities in the future.

**In considering participation in the programs: I agree to the following:**

## **ASSUMPTION OF RISK:**

I fully understand all of the risks and hazards involved in this program. I have carefully considered the risks and voluntarily decided to participate in or allow and consent to the participation of the minor child of whom I am the parent or legal guardian with full knowledge of the potential risks and danger.

**I agree to accept any and all risks of injury arising directly or indirectly from my child's participation in the program.** \_\_\_\_\_

**Initials**

## **RELEASE:**

I Agree for myself, my administrators, personal representatives, executors predecessors, successors, agents, heirs and assigns to release and hold harmless HCC, its Staff, its Administrators, assigns and partners from any and all present or future claims for physical or emotional injury, property damage or death arising

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directly from my Child's participation in the program, to the extent permitted under the law, including allegations or claims of negligence on part of HCC, its staff its owner, assigns and partners.

### **Limited Release Of Images and Representations of my Child's Likeness**

I release the use of photographic images, video recordings and audio voice capture of myself and my child named above for use in promoting the activities and programs of HCC both in print and digital formats with no expectation of compensation for such use. This release shall remain in effect for no longer than 3 year following my child's participation in the HCC Youth Empowerment Society's Program.

This Agreement does not apply to acts of gross negligence, willful or wanton conduct, or intentional conduct by the HCC or its Partners. \_\_\_\_\_

**Initials**

### **COVENANT NOT TO SUE:**

I agree, for myself, my administrators, personal representatives, executors, predecessors, successors, agents, heirs and, or assigns not to sue, make or file any lawsuits, claims, proceedings or any other actions of any kind whatsoever against HCC, Its Staff, volunteer or paid or, its Partners for bodily injury, property damage, or death sustained during my or my child's participation in the program to extent permitted under laws of the State of Tennessee, including allegations or claims of negligence on part of HCC, its administrators, staff, assigns and partners.

This Agreement does not apply to acts of gross negligence, willful or wanton conduct, or intentional conduct by HCC, its Staff or its Partners.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Parent or Guardian) Name                      Signature                      Date