#### Hello Potential YAC Members!

My name is Jamie Pulver and I am the Youth Advisory Council Coordinator for District 1 of Riverside County Board of Supervisors. I am a third year business administration student at the University of California-Riverside. I joined the YAC team last September because I am not only passionate about making a difference in the lives of the youth, but also in making a difference in our community.

I am extremely excited about serving my community and helping students become leaders and prepare them for their futures. I hope to make an impact in the Riverside County community by working with all of you. I am looking forward to reviewing your application and to meet you!

This packet includes:
-YAC Application
-Parental Consent and Waiver of Claims
-Parental Consent for Transportation
-Photographer Release Form

The application must be turned in by June  $30^{\text{th}}$ , 2019.

Thank you,

Jamie Pulver

Legislative Intern/YAC Coordinator Supervisor Kevin Jeffries 4080 Lemon Street Riverside, CA 92501 Office: (951) 955-0618 Email: <u>JPulver@rivco.org</u>



## County of Riverside 1<sup>st</sup> DISTRICT YOUTH ADVISORY COUNCIL APPLICATION For the 2019-2020 Council Year

Requirements:

- Must be a high school aged student
- Must reside or attend a high school within the First Supervisorial District in Riverside County
- Must have adequate time to serve (absences result in removal from council)

Please print legibly or type

Name		
Address		
City	_ Zip code	T-shirt Size
Phone number	Best time to call	DOB
High School		Grade Level
E-mail address		

Please write your response on separate sheet of paper:

(a) Express your reason for wanting to serve on the Youth Advisory Council.

(b) List Educational, vocational, personal experience and/or community participation that you feel would aid you in serving on this council.

Signature	Date
J	

#### High Schools located in the First District of Riverside County:

Lakeside High School **Alvord High School** Arlington High School Martin Luther King High School **Bethel Christian** Lincoln High School California Lutheran School Ortega Continuation High School **Citrus Hill High School** Poly High School Cornerstone Christian School Raincross- Independent High School **Riverside Christian Elsinore High School** Hillcrest High School Sherman Indian School John W. North High School Temescal Canyon High School Keith McCarthy Academy Woodcrest Christian High School La Sierra High School **Riverside STEM Academy** 

### **COUNTY OF RIVERSIDE YOUTH COMMISSION**

### PARENTAL CONSENT AND WAIVER OF CLAIMS

I hereby request that my child (name) \_\_\_\_\_\_ Be permitted to participate in the Riverside County Youth Commission program activities. My child is currently in good physical and medical condition. In the event that my child becomes ill or injured, he or she may receive First Aid.

In case of emergency, my child may be admitted to a hospital. I agree to hold harmless the County of Riverside, its officers, agents and employees for medical aid rendered. I will also reimburse the County of Riverside for medical or other expenses incurred for medical aid on behalf of my child.

I understand and acknowledge that the County of Riverside does not provide medical insurance for Youth Commission activity participants. I hereby release the County of Riverside, its officers, agents and employees from all liability, demands or claims from any loss, damage or injury resulting from participation in the Riverside County Youth Commission, and do hereby hive consent for my child to receive emergency treatment.

Date:			
	Signature of Parent or Guardian		
Address:			
City	Zip Code		
Day Phone: ( )	Evening Phone ( )		
CHILD'	'S MEDICAL INFORMATION		
Doctor:	Phone # ( )		
Allergic to:			
Special Needs:			

### **COUNTY OF RIVERSIDE YOUTH COMMISSION**

#### PARENTAL CONSENT FOR TRANSPORTATION

I hereby request that my child (name) \_\_\_\_\_\_ Be permitted to receive **transportation to and from** program activities of the Riverside County (1) Youth Retreat, (2) Youth Advisory councils, or (3) Youth Commission, as may occasionally be necessary.

I understand and acknowledge the transportation will be provided in passenger vans owned by the County of Riverside and operated by adult County staff members, I consent to this arrangement and hereby waive all claims against the County of Riverside, its officers, agents and employees for any injury, accident, illness, or death occurring during or by reason of the transportation so provided for my child.

Date:		Signature of Parent or Guardian		
Address:				
City			Zip Code	
Day Phone: (	)	Evening Phone (	)	

# **Photographer Release**

I hereby give Riverside County Board of Supervisors permission to use my name, statement, photograph and likeness for promotional, advertising and media purposes. My picture may be used alone, as a member of a group, in a composite or in such other manner as will most favorably serve to promote and advertise the Riverside County Youth Commission and the respective Youth Advisory Council I serve on. My picture may be used with my name, without my name supporting the Riverside County Youth Commission and the Youth Advisory Council. I agree there will be no compensation to me for the use of my image now or in the future.

#### Please print or type:

Date

Name

Signature

Address (Street, City, Zip Code)

Legal Guardian Name (if under 18 years of age)

Legal Guardian's Signature

Legal Guardian's Address (Street, City, Zip Code)