



Perry County Power of Youth Council

...a collaborative youth philanthropy organization sponsored by the
Perry County Community Foundation in partnership with Purdue
Extension-Perry County

Students will be selected for service based on the following criteria:

- *Willingness to Learn**
- *Good Character**
- *Positive Attitude**

- *Motivation to Serve**
- *Availability of Time**
- * Leadership Ability**

Application Form (Type or Print)

Applicant's Name: _____

Address: _____

Birth date: _____ Phone: (home) _____

E-mail: _____ Cell: _____

Do you text? Yes No Do you have unlimited texting? Yes No

Cell Phone Carrier: AT & T Verizon Sprint T-Mobile Other _____

Do you use Facebook? Yes No T-shirt size: Adult _____

School attending: _____ Graduation year: _____

Parent's/Guardian's names: _____

Address: _____ Phone: _____

Cell: _____ E-mail: _____

Emergency Contact Person: _____ Contact Number: _____

List up to three references; please get their permission before listing their names.

Name	Daytime Phone	Evening Phone (if different)

List examples of your community service and school activities:

Briefly explain why you would like to be part of this program.

I realize that this group typically meets the third Wednesday of each month from 6:15 p.m. to 8:15 p.m. I realize that attendance for these meetings, as well as all major events, is required. I realize that two unexcused absences will be considered automatic resignation. I realize that working is not an excused absence and that I must contact a member of the advisory board PRIOR to the meeting if I can't make it.

Applicant's Signature: _____

Parent Permission

I, the undersigned parent/guardian of _____, a minor, do hereby give permission for my son/daughter to participate on the Perry County Power of Youth Council. While the Youth Council is engaged in their work for the program, they will be supervised by qualified adults. I release the Perry County Community Foundation, Community Foundation Alliance, and Purdue Extension – Perry County staff/volunteers from any claims, loss, cost, damage, or expense arising out of any accident or occurrence causing injury to any person or property during Perry County Power of Youth events. Further, in case of a medical emergency, the adult in charge has my permission to secure medical attention for my child. I also give permission for my child's name and/or picture to be used in media releases regarding the work/projects of the Perry County Power of Youth. Students will be responsible for their own transportation to and from meetings and events associated with the Perry County Power of Youth Council. Parents will be kept apprised of meetings and events associated with the Perry County Power of Youth Council.

Parent/Guardian Signature

Date

Preferred communication method: Mail E-mail: _____

Applications Due: April 13, 2012

Mail or deliver to: Perry County Power of Youth
817 12th Street, PO Box 13
Tell City, IN 47586
(812) 547-3176

