



# Perry County Power of Youth Council



Students will be selected for service based on the follow application and 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: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_ Birth date: \_\_\_\_\_

School attending: \_\_\_\_\_ Graduation year: \_\_\_\_\_

Parent's/Guardian's names: \_\_\_\_\_

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

Phone: (home) \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Contact Number: \_\_\_\_\_

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

Name	Daytime Phone	Summer Daytime Phone <i>(if different)</i>

Applications Due: July 19, 2010  
 Mail to: Perry County Power of Youth  
 PO Box 13  
 Tell City, IN 47586  
 (812) 547-3176



# Perry County Power of Youth Council



**List examples of your community service and school activities:**

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

## 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 United Way of 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: July 19, 2010  
Mail to: Perry County Power of Youth  
PO Box 13  
Tell City, IN 47586  
(812) 547-3176