



2012-2013 Youth in Philanthropy STUDENT APPLICATION

The application deadline is September 21, 2012. Please keep in mind applications that are incomplete and/or received after the deadline will not be considered.

Please type or print legibly all information requested except for signatures.

*This application may be downloaded as a WORD document and filled in with the required information or print the application and fill in data. Attach a photo to be used in the YIP Team Directory (print your name on the back of the photo) and obtain the signatures as required before mailing. Directions for mailing are listed on the last page of this form. **NO EMAILED APPLICATIONS WILL BE ACCEPTED UNDER ANY CIRCUMSTANCES!***

Student Information			
First/Middle/Last Name:			
Street Address:			
City/State/Zip:			
Home Phone:		Cell Phone:	
Email:			
Ethnic Status (Optional): <i>(Please check all that apply.)</i>	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Mainland Puerto Rican <input type="checkbox"/> Mexican American <input type="checkbox"/> Other Latino <input type="checkbox"/> Other (Specify) _____		
Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male		
Are you currently a high school:	<input type="checkbox"/> Junior <input type="checkbox"/> Senior		
School Information			
Name of School Attending:			
School Street Address:			
School City/State/Zip:			
School District:			
Principal's Name:			

Parent(s)/Legal Guardian Information

Father's Name:	
Cell Phone:	
Email:	
Mother's Name:	
Cell Phone:	
Email:	
Legal Guardian's Name If Applicable:	
Cell Phone:	
Email:	
Please provide address for the above if different from student's address:	

Questions: (If downloaded as a WORD document, space will expand to allow *answering the following questions --- or use a separate sheet of paper to list the answers. Place your name at the top of each additional sheet of paper and include them with the application.*)

1. What aspects of the YIP Student Leadership Program appeal to you most, and why?
2. If you could name one local community issue that you think should be addressed, what would it be?
3. What volunteer contributions can teens offer that you feel are different from those adults offer?
4. If you could describe the best possible volunteer experience, what would it be?
5. In which extracurricular activities are you currently involved? Will the time commitment required of these extracurricular activities and that required for YIP pose a time management issue for you? If not, why?

2013 YIP Leadership Team Student's Contract

- I commit to attend **all** sessions of the 2013 YIP Program, which are scheduled to meet on designated Saturdays from 9:00 a.m. to 3:00 p.m.
- I understand my commitment to YIP includes attendance at the following scheduled sessions:

Orientation	October 20, 2012
Volunteer Session #1	November 10, 2012
Volunteer Session #2	December 1, 2012
Volunteer Session #3	January 12, 2013
Volunteer Session #4	February 2, 2013
Countywide Project	February 23, 2013
Volunteer Evaluation	March 23, 2013

Investment in Youth YIP Luncheon April 9, 2013

- I understand that I **MUST** attend the **2013 YIP Orientation** scheduled for **October 20, 2012**.
- I understand that my participation as a 2013 YIP Team member is a privilege, and I will fully participate in all session components, i.e., discussions, presentations, site visits, volunteer projects, etc.
- I understand that if I miss more than one session, excluding the mandatory **2013 YIP Orientation**, I will not be allowed to continue in the YIP Program.
- I understand that I must promptly respond via email and/or phone to any communication from the **YIP Coordinating Committee**.

I have read and accepted the contract conditions listed above.

Date: _____ **Signature of Student Applicant:** _____

**Parents/Legal Guardians
Release/Consent to Participate**

- By granting permission for my son/daughter to make application to the 2013 YIP Program, I understand the time commitment required to participate fully and meet the criteria outlined in the program.
- I understand that transportation to and from the YIP Program sessions is the responsibility of the parents/legal guardians, including arranging and coordinating any carpooling necessary.
- I understand that my son/daughter will be commuting to volunteer sites via bus transportation using school district buses, and on-bus supervision is provided by the YIP Coordinating Committee and/or its recruited community volunteers.
- By signing below, I also hereby release and hold harmless the **Fort Bend Chamber, The George Foundation, any participating school districts, and the volunteers participating in the program** from and against any injury, loss, damage, accident, or expense arising out of, or in any way related to, participation in the 2013 YIP Team activities.
- I acknowledge that I have carefully read this release and understand its impact and effect.
- I acknowledge that if I had any questions regarding this release, that I have exercised my right to have it reviewed and further explained to me prior to signing.

Parent/Legal Guardian: _____ **Date:** _____

Parent/Legal Guardian Email: _____

Parents/Legal Guardians

Medical Release

I hereby give permission to the YIP Coordinating Committee and its designated YIP volunteers, and any other trained medical personnel to treat my child in a situation that requires medical attention. I authorize said volunteers to seek such medical advice, treatment, and services as they deem necessary, in their sole discretion, which may be necessitated because of any injury or illness suffered because of my child's participation in the activities of the YIP Program.

I further agree to accept any financial responsibility for the care and treatment of such injuries or illnesses and for such further medical services which are required, even though all attempts to contact responsible parties have failed and there is urgency with respect to my child's treatment, or in the case in which benefits of my health insurance have been depleted and additional medical expenses or loss of income occur.

I understand that any medication my child may need for severe allergies (including bee stings, food allergies), asthma or other such medical condition(s) must be brought with my child to the program.

I have read the foregoing document in its entirety, fully understand the same, and am freely and voluntarily signing my name to it.

Parent/Legal Guardian: _____ **Date:** _____

**Parents/Legal Guardians and Student
Photography/Communications Release**

I hereby authorize the YIP Coordinating Committee to publish the photographs or video taken of my child, and their name, for use in printed publications, videos, and on authorized websites.

I acknowledge that since my son/daughter's participation in media produced by the YIP Coordinating Committee is voluntary, we will receive no financial compensation.

I further agree that my son/daughter's participation in any media produced by the YIP Coordinating Committee confers no rights of ownership whatsoever to me or my child. I release the YIP Coordinating Committee from liability for any claims by me or any third party in connection with their participation.

Parent/Legal Guardian: _____ **Date:** _____

Student Signature: _____ **Date:** _____

INSTRUCTIONS FOR RETURNING THE STUDENT APPLICATION

- (1) Fill in all data requested on the application and answer all the questions;**
- (2) Download the completed application;**
- (3) Obtain required signatures;**
- (4) Attach a photo to be used in compiling a directory of YIP Team Members (List name on the back of the photo).**
- (5) Mail completed application with all required signatures and attached photo as follows:**

**2013 YIP Program
c/o Dee Koch**

The George Foundation
310 Morton Street, Suite C
Richmond, TX 77469

For Questions: Dee Koch at 281.341.6109 or by email at dkoch@thegeorgefoundation.org

Please make sure the application has been completed in full.

Do not forget to obtain all required signatures.

NO EMAIL APPLICATIONS WILL BE ACCEPTED UNDER ANY CIRCUMSTANCES.