



Place Your
Photo Here

2016-2017 United Way Youth Council Student Application

Deadline for receipt of application is **August 22, 2016**

*Participation in the United Way of the Chattahoochee Valley- United Way Youth Council is a serious commitment that requires attendance at all of the meetings that start at **4:15pm (sharp)** and end at **5:45pm**. Council session dates are typically twice a month, dates are TBD.*

**Volunteer opportunities will be available throughout the program.
(September, October, February and Alternative Spring Break)
There is a final celebration in April 2016 (date and time to be announced)**

An excused absence is required if you are ill or must miss a meeting for any other reason. No more than two unexcused absences are allowed to maintain your status as a United Way Youth Council member. For more information, check out our website at www.unitedwayofthecv.org.

Name _____ Grade 10 ☐ 11 ☐ 12 ☐ Male ☐ Female ☐
Date of Birth _____ Your present age _____
Address _____ City, State, Zip _____
Cell phone () _____ Can we text you at this number? Yes No
Home phone () _____ Instagram name: _____
Email Address _____ Twitter name: _____

Are you involved in any of these other programs? Servant Leadership ☐ National Honor Society ☐ Key Club ☐ National Beta Club ☐ Other: _____

School _____
School Address _____ City, Zip _____
School Counselor/
Advisor Name _____ Counselor/Advisor
Telephone _____
Counselor/
Advisor Email _____

I recommend this student for participation in the United Way of the Chattahoochee Valley Youth Council and understand that he/she will be required to attend the council meetings and participate in at least one additional volunteer session.

Advisor/Counselor Signature _____ Date _____

***Participation in council and volunteer sessions will help you meet your school volunteer requirements. Attendance at meetings & volunteer opportunities is approximately 20 hours. Fundraising efforts may add additional hours.**

Please briefly describe your volunteer experiences (school, church, United Way, clubs, other) :

What are your strengths? What do you enjoy the most?

What would you like to change about your community? Include photos, YouTube links etc. as needed.

I plan to attend all council sessions and additional volunteer opportunities and will contact United Way ahead of time to let them know if I must miss a meeting (excused absence). I also understand that if I miss a meeting without an excused absence or miss more than two meetings under any circumstances, I may be removed from the committee.

Student Signature _____ Date _____

Parent Signature _____ Date _____

Parent Name (*please print*) _____

T-Shirt Size (Adult sizes - check one)

S M L XL XXL

ATTACH A SMALL PHOTO OF YOURSELF,
complete the attached photo release and
return photo release AND application by Aug 22nd to:

Mrs. Edith Giles
United Way of the Chattahoochee Valley
PO Box 1157
Columbus, GA 31902
Fax: (706) 571-2271

Questions?

Contact Ellie Flowers at

ellie@unitedwayofthecv.org

or call: 706-327-3255 ext. 207

RELEASE FORM



United Way of the
Chattahoochee Valley

I hereby give consent to the reproduction and use of my name, likeness, case history, voice, photograph or other representation of myself by United Way of the Chattahoochee Valley, and/or their nominees and substitutes, and their agents or agencies for publicity and art purposes in any and all print media, online use, advertising and publicity media, including audio recordings, television and video, without limitations or reservations.

This form is signed as a release and satisfaction for any claims which may arise out of the use of such photographs, art, print or other publicity material, and any transportation provided by United Way in conjunction with the production of any such publicity material.

Date of signature: _____

Name of Individual being photographed (please print)	Signature
--	-----------

Parent/Guardian (if subject is under 18 years of age)	Signature
---	-----------

Home Address	City	State	Zip
--------------	------	-------	-----

Mailing Address (if different than above)	City	State	Zip
---	------	-------	-----

Daytime Phone #	Evening Phone #
-----------------	-----------------

Please return this form with your application