

Youth Board | APPLICATION



Please mark the box to the left of the Community Youth Board you would like to submit your application to:

- Columbia Valley** (Prosser/Tri-Cities, WA)
- MetroWest** (Wayland, MA)
- Renton** (Renton, WA)
- Seattle** (Seattle, WA)
- South Sound** (Tacoma, WA)

Name: _____ Nickname: _____
last first middle

Preferred mailing address: _____
street address

city state zip

Preferred telephone #: (____)____-____ home cell other _____

Additional telephone #'s: (____)____-____ home cell other _____

(____)____-____ home cell other _____

Preferred e-mail address: _____

Date of Birth: _____ Age: _____

School: _____ Grade: _____

School Community Service Contact: _____
name & title

Phone (____)____-____ e-mail: _____

Parent/Guardian: _____ (____)____-____ home cell
first and last name phone

address city state zip spouse (if different from below)

Parent/Guardian _____ (____)____-____ home cell
first and last name phone

address (if different from above) city state zip spouse (if different from above)

Emergency Contact: _____ (____)____-____ home cell work
name & relationship

Please list your current extracurricular commitments or activities (clubs, sports, leadership positions, jobs, community service experiences, religious or family responsibilities, or other activities that take up time). If the activity is seasonal (example: a fall sport) please note that. (Please be concise, but attach additional paper if necessary)

Activity (and the months per year that it occurs)	Location	Hours per week	Days of the week	Time of Day

Please consider the following questions, and add an explanation to any statements you cannot check off.

- I have reviewed the Board Meeting calendar for the Youth Board in my community and do not have any standing commitments that will interfere with my attendance.
- I am available and willing to devote upwards of ten hours per month to fulfill my position responsibilities on the Youth Board. This includes board meetings, committee meetings, responding to communications, etc.
- I have regular email access and will regularly check the email address I have provided – or - I have talked to the Youth Board facilitator about not having an email/computer, and we have made other arrangements.
- I am willing to make a two year commitment to the Youth Board of Directors, unless extenuating circumstances merit my resignation/removal.
- The above application and information represents truthfully my individual work and circumstance.

Signed _____

Dated _____

Return your application via email to inspired@makethedashcount.org or via snail mail to the following address: MTDC | PMB 422 | 5114 Point Fosdick Drive NW #E | Gig Harbor, WA 98335-1733

If you have any questions/concerns regarding your application please contact us at inspired@makethedashcount.org You will be contacted by the appropriate Community Youth Board facilitator in your area. Thank you for your interest in Make The Dash Count.



YOUTH BOARD | EMERGENCY MEDICAL FORM

Emergency medical form instructions

1. Read and complete this entire form
2. Sign (or have your parent or personal representative sign) at the bottom of this form
3. Attach a copy of your family's insurance card

Participant General Information (please print)

Name of participant: _____ Age: _____

Home address: _____
(Number & Street) (City) (State) (Zip)

Home phone: (____) _____ Date of birth: _____ Sex: Male____ Female____

Family physician's name: _____

Address: _____ Phone: (____) _____
(Number & Street) (City)

Emergency contact general information (please print)

Name of emergency contact: _____

Home address: _____ Home phone: (____) _____
(Number & Street) (City)

Relationship: _____ Business phone: (____) _____

Cell phone: (____) _____ E-Mail Address: _____

Health insurance (please furnish the following about your family's health insurance)

Name of insurance company: _____

Address of insurance company: _____

Subscriber: _____

Certificate/Policy number: _____

Group number: _____

- continued-

Health History (check if participant has or had any of the following)

___ Asthma ___ Epilepsy ___ Convulsions ___ Diabetes ___ Rheumatic fever

Other health conditions of note: _____

Last date of tetanus immunization: _____

Allergies (please indicate any allergies of participant)

___ Aspirin ___ Penicillin ___ Bee Sting

___ Other drugs (list): _____

___ Food (list): _____

Precautions to observe: _____

Medications (indicate any prescription or other medications taken by the participant)

Drug	Purpose	Dosage
_____	_____	_____
_____	_____	_____
_____	_____	_____

Medical treatment authorization

I authorize **Make the DASH Count Foundation** to provide routine first aid for participant. I further authorize the Foundation, as my agent, to consent to and authorize surgical or medical treatment or services by any licensed physician, hospital, or health care provider for participant when such treatment or service is deemed necessary or advisable by such provider. These services include but are not limited to x-rays, laboratory tests, emergency room services, anesthetics, transfusions, injections, or drugs. I authorize and acknowledge that the Foundation may receive health information about participant, as someone involved in participant’s care, as appropriate for effectuating this authorization. It is understood this authorization is given in advance of any specific diagnosis, condition, or injury having occurred, but is given to provide the authority to consent to or authorize such treatment or services, as our agent and the participant’s health care provider, in the exercise of their reasonable judgment, may deem advisable.

I HEREBY AUTHORIZE, AND GIVE PERMISSION TO MAKE THE DASH COUNT FOUNDATION TO AUTHORIZE, ANY NECESSARY OR ADVISABLE MEDICAL AND SURGICAL TREATMENT AND SERVICES FOR PARTICIPANT.

Note: If under 18 years of age and not an emancipated minor, the signature below must be of the participant’s parent or legal/personal representative. If 18 years of age or older, the participant should sign for him/herself.

Signature of participant, Legal Guardian or Representative

Date

Printed name of person signing

Relationship and authority

Youth Board | MEDIA RELEASE FORM



Youth Board Member Name: _____ Age: _____

Parent/Guardian (if under 18): _____

Address: _____

Please check all that apply:

Images of my son/daughter may be used in the form of

Print Material Photographs Video Audio Website

IF PERSON BEING USED IN THE MATERIAL IS UNDER 18 YEARS OF AGE, PARENT OR LEGAL GUARDIAN MUST SIGN THIS FORM.

I (we) hereby grant (our) permission to the **Make the DASH Count Foundation**, further know as the Foundation, to use my name (or my child's name), city and state, and/or photograph, videotape, or any likeness as well as statements made by or attributed to me (or my child) relating to the Foundation for the purpose of publicizing and promoting the mission of the Foundation for an indefinite period of time, except if specified here: _____.

Furthermore I grant the Foundation any and all rights to said use without further compensation, and disclaim all right, title and interest, including all claims to any intellectual property rights, in such information and material. It is my (our) understanding that my (our) signature(s) below releases the Foundation from any financial or legal responsibility for the use of this information and material.

Student Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

Please return this form to your local Youth Board Facilitator upon signing.