



Before submitting this application, please visit us online at www.SpringdaleAR.gov/YouthCouncil to read the Youth Council Program Guide and Bylaws. This application is also available to complete and submit online.

Applicant's Information:

First and Last Name: _____ Phone Number: _____

E-mail address: _____

What school do you attend? _____

Year in School (circle one): 11th Grade 12th Grade Shirt Size: _____

How did you hear about this program? _____

Please list any food allergies:

Please list any special accommodations you may need:

Short Answer

Why are you applying for the City of Springdale Youth Council Program?

What would you like to gain from this experience?

This program requires a large time commitment. If admitted, do you feel you will be fully committed to the program? Please explain:

By signing below, you are agreeing to the following: I have read and understand the Program Guide, Bylaws, and I understand the commitment required to participate in the Springdale Youth Council. I also realize the importance of teamwork and cooperation, and I am willing to make this commitment.

Applicants Signature

Parent's Signature

Emergency Contact Information:

First and Last Name: _____ Phone Number: _____

E-mail address: _____ Relationship to applicant: _____

Parent or Guardian Statement of Permission

This page is to be completed and signed by the applicant's legal parent or guardian.

As the legal parent or guardian of the applicant, I hereby give my permission for _____
to participate in the City of Springdale Youth Council.

By signing below, I am committing to:

- Ensuring the applicant has adequate transportation to and from Youth Council meetings/events.
- Ensuring the applicant remains engaged in the Youth Council while fulfilling their obligations to school.
- Ensuring the **applicant** notifies City staff should they need to miss a meeting or event.
- Communicating openly with City officials regarding the applicant's participation in the program.
- Being supportive of the applicant while giving them space to make decisions and grow independently in the program.

By signing this Statement of Permission, you are agreeing to the following:

"I am the parent or legal guardian of the applicant. I have read the Program Guide and the Bylaws of the Springdale Youth Council, and I am signing this statement of permission freely. I understand the legal consequences of signing this document, including:

- (a) Releasing the City from all liability on my and the applicant's behalf;
- (b) Waiving my and the applicants' right to sue the City;
- (c) And assuming all risks of applicant's participation in this Springdale Youth Council, including travel to and from the Springdale Youth Council or any events incidental to this Council.

I allow the applicant to participate in this Council. I understand that I am responsible for the obligations and acts of the applicant as described in Program Guide and the Bylaws of the Springdale Youth Council. I agree to be bound by the terms of this document."

Signature

Printed Name

Date

If you would like a copy of this permission form in Spanish or Marshallese, please visit us online at www.SpringdaleAR.gov/YouthCouncil or email Communications@SpringdaleAR.gov.

Photography Release Form

The City of Springdale
201 Spring St.
Springdale, AR 72764

Permission to Use Photograph
Purpose: Springdale Youth Council

I grant to the City of Springdale, its representatives, and employees the right to take photographs of me and my property in connection with the above-identified purpose. I authorize to the City of Springdale, its assigns and transferees to copyright, use, and publish the same in print and/or electronically. I agree that the City of Springdale may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Applicant's signature _____

Applicant's printed name _____

Date _____

Signature of parent or guardian (if applicant is under age 18) _____

If you would like a copy of this release form in Spanish or Marshallese, please visit us online at www.SpringdaleAR.gov/YouthCouncil or email Communications@SpringdaleAR.gov.

TO SUBMIT THIS APPLICATION:

Mail or drop off:
Springdale Mayor's Office
Attn: Communications
201 Spring St.
Springdale, AR 72764

Fax: 479-750-8559
E-mail: communications@springdalear.gov