Safe Crossings Foundation Youth Advisory Council Application

Thank you for your interest in the Safe Crossings Foundation Youth Advisory Council.

Safe Crossings Foundation is a non-profit organization dedicated to helping grieving youth who have lost a parent or a sibling. Our mission is to be a leader in funding services that help grieving children heal. Our vision is that all kids who’ve lost a loved one receive the emotional support they need. The Youth Advisory Council provides feedback to the foundation on how to support grieving youth and implements projects and events to support grieving youth.

To apply, please submit your completed application to [YouthAdvisory@safecrossingsfoundation.org](mailto:YouthAdvisory@safecrossingsfoundation.org) by **October 15th, 2021**.

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| First Name: Click or tap here to enter text. | Last Name: Click or tap here to enter text. |
| School: Click or tap here to enter text. | Grade: Click or tap here to enter text. |
| Age: Click or tap here to enter text. | Cell Phone: Click or tap here to enter text. |
| Gender: Click or tap here to enter text. | Email Address: Click or tap here to enter text. |
| City: Click or tap here to enter text. | Race/Ethnicity: Click or tap here to enter text. |

Why are you interested in joining the Youth Advisory Council?  
Click or tap here to enter text.

Have you lost a parent or sibling yourself? If so, when did this occur? If not, are you close with another youth who has lost a parent or sibling?  
Click or tap here to enter text.

How would you describe your personality?  
Click or tap here to enter text.

Please describe any special skills you have (i.e., website design, photoshop, photography, videography, public speaking, etc.).  
Click or tap here to enter text.

What is an accomplishment you are proud of?  
Click or tap here to enter text.

Are you able to participate in the Youth Advisory Council for the entire school year? [**Choose an item.**]  
*If you selected “Maybe” please elaborate below.*  
Click or tap here to enter text.

**Consent to Participate, Authorization, and Release**

By signing below, I give consent to the participation of my son or daughter in the program and activities of Safe Crossings Foundation Youth Advisory Council according to the following terms and conditions.

I confirm that I am the parent or legal guardian of the child named below, and I fully approve and consent to her/his participation in Safe Crossings Foundation Youth Advisory Council and in all related activities. I understand that Safe Crossings Foundation will supervise my child’s participation in these activities, and I fully authorize the Foundation and its personnel, representatives, and volunteers to furnish my child with any transportation, food, or lodging appropriate or relating to these activities. I agree that I will not seek to hold the Foundation and its personnel, board members, representatives, and volunteers legally or financially responsible for any actions by my child or any damages or harm those actions cause to my child or others, and I agree to hold harmless and indemnify the Foundation and its sponsors, board members, employees, agents, representatives and volunteers from any liability, damages, costs or expenses (including but not limited to liability arising from claims for negligence or other wrongful conduct) for personal injury, sickness, death, or property damage suffered by my child or third parties as a result of or in connection with my child’s participation in Safe Crossings Foundation Youth Advisory Council and related activities.

I grant permission for my child to appear in person or in voice, video, or photographic presentation in or on radio, television, print, or electronic media (including without limitation the internet or websites) related to these activities if created by the foundation or its representatives. I also grant permission to the foundation to use, reuse, publish, or republish said materials and release the Foundation and its personnel, board of directors, representatives, volunteers and agents from any liability or payment associated therewith.

In the event Safe Crossings Foundation is unable to contact me or to secure my oral consent in the case of a medical emergency involving my child, I hereby give Safe Crossings Foundation and its representatives permission to transport my child to a doctor or hospital and secure medical care or assistance deemed appropriate and/or needed by medical professionals associated with the caregiver for my child, including without limitation, hospitalization, surgery, treatment, medication, and diagnostic procedures, including without limitation laboratory testing and diagnostic imaging. I further authorize any treating physicians to use their discretion on providing emergency treatment; I agree to assume responsibility for all associated bills for any treatment provided to my child.

**I have read the entire document. I understand it is a consent, authorization, and release of all claims. I understand that my child and I assume all risks of injury involved in these activities and voluntarily sign my name.**

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| Click or tap here to enter text. | | |
| Son/Daughter’s Name | | |
| Click or tap here to enter text. | | |
| Parent/Guardian’s Name | | |
| Click or tap here to enter text. | | Click or tap here to enter text. |
| Parent/Guardian’s Signature | | Date |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Street Address | City | Zip Code |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Home Phone | Work Phone | Cell Phone |
|  |  |  |
| **In case of emergency, please contact:** | | |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Name | Relationship to Child | Cell Phone |