

YOUTH TASK FORCE APPLICATION

Description of the Youth Task Force: Gives South Bend Youth an opportunity to make a positive impact in their community.

SOUTH BEND OFFICE OF THE MAYOR

Attention: Cherri Peate, Community Outreach, Director
227 West Jefferson Blvd. Suite 1400 N, South Bend, IN 46601
574.235.5834

Deadline: June 1, 2015 at 5:00 p.m.

Date of application: _____

Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Preferred Phone Number: () _____ E-mail: _____

Age _____

Parents Information

Name(s): _____ Phone Number(s): _____

Address: _____ Email: _____

Emergency Contact

Name: _____

Phone Number: () _____ Relationship: _____

Education

Name of School: _____ Grade level: _____

Volunteer Experience

Have you had previous volunteer experience? ___ Yes ___ No

If yes, where and what was your task?

Extracurricular Activities

Attach additional activities on a separate sheet of paper

1. _____
2. _____
3. _____
4. _____

References

Name: _____ Phone Number: (_____) _____

Name: _____ Phone Number: (_____) _____

Questionnaire

Respond to the following questions on a separate sheet and number the answers accordingly.

- 1.) Why are you interested?
- 2.) What can you add to the group?
- 3.) How do you think this kind of opportunity would benefit the youth in our community?
- 4.) What else would you like us to know about you?

Student Signature: _____ Date: _____

Parents Signature: _____ Date: _____

Disclaimer:



RELEASE AND WAIVER OF CLAIM
(Participation in Youth Task Force)

In consideration of my participation in a Youth Task Force or any similar program or activity sponsored by the City of South Bend or any of its Departments, Boards, commission, agents or representatives, today and on all future dates in which I participate, I, the undersigned, do hereby and for my heirs, executors, administrators, successors and assigns, expressly agree:

(1) that because the programs may involve physical activities, I am fully aware of the risks and hazards involved in or arising from my participation in the programs. I hereby assume any and all risks arising from my participation in the programs, including, without limitation, the risk of bodily injury resulting from physical contact between myself and another person or stationary object or the negligent or deliberate act of another person;

(2) to release, acquit and forever discharge the City of South Bend, its Departments, and their agents, employees, servants, successors, heirs, executors and all other persons, firms, corporations, associations, or partnerships from, and agree not to sue any or all of them because of or in connection with any and all claims, causes of action, injuries, damages, costs, expenses, loss of service, and compensation whatsoever, which I now have or which may hereafter arise out of my participation in such programs, including, but not limited to, those based upon bodily injury, whether or not caused by the negligence or other fault of the City of South Bend or its Departments.

I have read and understood the foregoing Release and Waiver of Claim. I understand that by making and signing this agreement, I surrender valuable rights. I do so freely and voluntarily.

Date_____

Signature

Typed or Printed Name

For participants under age 18:

Date _____

Signature of Parent or Guardian

Typed or Printed Name

Emergency Contact _____

Emergency Phone _____

Relationship _____