

**YOUTH TASK FORCE APPLICATION**

**Description of the Youth Task Force:** The City of South Bend’s Youth Task Force gives the youth of South Bend an opportunity to make a positive impact in their community. Members of the Youth Task Force will design and drive an advocacy program that targets issues that specifically affect the youth in our community. It is a community-based group that is open to all South Bend residents, grades 9th through 12<sup>th</sup> that attend school within the city of South Bend.

**Deadline: July 1, 2015**

SOUTH BEND OFFICE OF THE MAYOR  
227 West Jefferson Blvd. Suite 1400 N, South Bend, IN 46601  
574.235.9261

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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: \_\_\_\_\_ GPA: \_\_\_\_\_

Have you ever been suspended? If so, please explain.

\_\_\_\_\_

**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 in volunteering in the SB Youth Task Force?
- 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** \_\_\_\_\_