



Thrive Youth Coalition Application Form

Send Completed Application Packet to: thrive@westcare.com

Please Return to WestCare

YOUTH INFORMATION

Name: _____ Age: _____ Date of Birth: _____

School: _____ Gender: Male Female

Phone Number: _____ Home Phone: _____ Email Address: _____

How did you learn about the Thrive Youth Coalition? _____

PARENT/GUARDIAN INFORMATION

Parent/Legal Guardian Name: _____ Relationship: _____

Home Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email address: _____ Best days & times to reach you: _____

Parent/Legal Guardian Name: _____ Relationship: _____

Home Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email address: _____ Best days & times to reach you: _____

PARENTAL CONSENT

I, _____, Parent/Legal Guardian of _____ give consent for my youth to participate in the **Thrive Youth Coalition**. As Parent/Guardian/Participant, we have read and reviewed the rules and regulations stated above and have discussed them with the participant. We understand and agree to abide by all the rules and regulations. Violation of any rules/regulations will be dealt with by immediate removal from the activity and/or the event. We consent to participation in all Youth Coalition activities as scheduled. We agree to indemnify and hold WestCare Pacific Islands, its partners and sponsors harmless from and against all claims, damages, cause of action or other liabilities caused by my child's violation of any of these rules and regulations contained in this agreement.

Signature: _____ Relationship: _____ Date: _____

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YOUR VOICE COUNTS!

Being part of the Thrive Youth Coalition gives you the opportunity to amplify youth voices and share your perspectives on issues that matter to our community. As a member, you will help represent young people by educating others about the challenges, experiences, and priorities of youth today.

Please respond to the questions below to help us learn more about you. You may submit your responses in writing on a separate sheet of paper. Include your responses with this application. Application must be completed and emailed to thrive@westcare.com.

1. What does being a leader mean to you?
2. What types of leadership skills do you have? Describe a time when you took a leadership role. This could be at school, at home, with your family or friends, in your village, at your church, or other places.
3. Tell us about your hopes for the future. What are your goals?
4. Why are you interested in joining the Youth Coalition?
5. What skills, talents, or perspectives would you bring to Thrive Youth Coalition?
6. What kind of change would you like to see in your community in the next 3 years?
7. If you could start one project to improve your community, what would it be and why?



WestCare Pacific Islands, Inc (WPI)

Individual Name: _____ **DOB:** _____
(Youth) Last Name First Name

Location Of Services (program/site of service): _____

Name of Media(s) (person/agency/social media platform) **and Purpose of Release:**

NAME OF MEDIA	PURPOSE OF RELEASE
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Definition of Media Release:

This release allows WestCare to use the information provided only for the purpose expressed above. This consent is voluntary and can be revoked at any time, with the exception of information which may have already been used. It is important to understand that with this release there are benefits and risks some of which, not limited to, are outlined below.

Potential Benefits:

1. Helps to publicize WestCare’s good works.
2. Can educate new staff, interns, students, potential donors, etc.
3. Can be an excellent way to promote the benefits of treatment.

Potential Risks:

1. Any time a person served’s photograph(s), name, video, and/or voice are used in publicity material there is the real danger of breaching confidentiality.
2. With disclosures to the media or other promotional outlets is that by definition they involve re-disclosure.
3. WestCare cannot guarantee that this information will not be discovered and distributed to additional media outlets therefore being re-disclosed.

By signing this form, I understand and agree to the following:

1. I acknowledge that I have been counseled on the risks of disclosing information to the media and that I fully understand these risks.
2. I understand that my consent is voluntary and can be revoked at any time, with the exception of information which may have already been used/shared.
3. I release WestCare from any and all liability, which may be the result of publicity, which identifies me as a person served by WestCare, or participant in any WestCare program in which I voluntarily participated in.

Signature of Person Served (or Authorized Signer)

Date

If Authorized Signer, relationship to Person Served: