



Youth Community Development Team

2022-2023 YOUTH COMMUNITY DEVELOPMENT TEAM APPLICATION

The Youth Community Development Team is a community program that addresses leadership, teamwork, and effective community service. It is open to juniors and seniors from Bishop McDevitt, John Harris, SciTech and Steelton/Highspire High Schools.

Limited positions are available.

Applications must be submitted by **September 7** for the program year that runs from October 2022 to May 2022.

PLEASE COMPLETE the FOLLOWING:

Student Name: _____ Age: _____

Preferred Pronouns _____ NEW or RETURNING to YCDT _____

School: _____ Year of graduation: _____

Home Address: _____

City, State, Zipcode _____

Home Phone: (____) _____ Student Mobile Phone: (____) _____

E-mail Address: _____

Please describe your school activities/organizations and/or leadership positions:

Please describe your community/volunteer service and/or leadership positions:

What do you think is the greatest challenge involving youth in your school and in the community? _____

What do you think YOU can contribute to the Youth Community Development Team? _____

Student Signature: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

DATE: _____

REQUIRED ATTACHMENTS

1. Teacher Authorization

Applicant Name _____

The above-named student is applying to the Rotary Club of Harrisburg Youth Community Development Team. By signing this document, you are attesting to the fact that this student demonstrates leadership potential; demonstrates sensitivity and tolerance & concern for others; and demonstrates a sense of responsibility. I recommend this student to serve on the YCDT.

Name of Teacher: _____

Signature of Teacher: _____

Date: _____

Completed applications; Teacher Authorization; Medical Release Form and Media Release Form are due by **Wednesday, September 7, 2022.**

PLEASE EMAIL YOUR COMPLETED APPLICATION TO:

Addeline@hbgRotary.org

If you have any questions, contact Andy Phillips, Chair, YCDT Schools Committee, andy@ncshbg.org -OR- Addeline Alaniz Edwards, Administrator, Rotary Club of Harrisburg, phone: 814-523-3052, email: addeline@hbgrotary.org



VIRTUAL LEARNING AND MEDIA RELEASE FORM

Students in the Youth Community Development Team are often pictured and/or video recorded during monthly sessions and activities. Pictures and Videos are shared on social media AND used in promotional materials for the Rotary Club of Harrisburg, Rotary District 7390, and partnering organizations.

Please read the following paragraph, sign, and return this authorization form with your student's YCDT Application.

I acknowledge that that a portion of this learning environment may be experienced virtually via the Zoom platform. Reasonable precautions will be taken by the Rotary Club of Harrisburg to control unwanted content; however, the club will not be held financially or legally responsible in the event of displays of unwanted content. Students also agree to only post and display appropriate content in association with Rotary and YCDT.

I give my permission to The Rotary Club of Harrisburg and program partners in the Youth Community Development Team, to use my child's name, photograph, video, or any likeness on social media, for publicity and the use of statements made by or attributed to my child relating to The Rotary Club of Harrisburg for this or similar promotions and grant to The Rotary Club of Harrisburg any and all rights to said use without further compensation. It is my understanding that my signature below releases The Rotary Club of Harrisburg from any financial or legal responsibility for the use of this media relations/promotional material(s).

Name of Student: _____

Student School: _____

Name of Parent or Guardian: _____

Signature of Parent or Guardian: _____

Date: _____

Please email to the Rotary Club of Harrisburg with the student's YCDT Application



EMERGENCY CONTACT INFORMATION

Name of Emergency Contact: _____

Home Phone: (____) _____ Mobile Phone (____) _____

Relationship to Student: _____

MEDICAL TREATMENT AUTHORIZATION

The Rotary Club of Harrisburg must have permission to provide routine non-surgical medical care for participants/staff. Permission is also required to secure certain services, which the Rotary Club of Harrisburg volunteers are not equipped to perform. These services include x-rays, laboratory tests and emergency room services. Such services are readily available at nearby community hospitals. All reasonable effort will be made to notify the parent and obtain prior permission for the service or procedure where possible.

The authorization is for the use of these services when deemed advisable by medical staff. In the event of any other routine medical problems, we will advise parent/guardian immediately.

Note: If under 18 years of age, the signature below must be of the parent or guardian. If over 18 years of age, the participant should sign for him/herself.

I HEREBY GIVE PERMISSION TO The Rotary Club of Harrisburg and the Volunteer Representatives TO SECURE EMERGENCY MEDICAL AND SURGICAL TREATMENT AND ROUTINE NON-SURGICAL MEDICAL CARE AS NEEDED FOR:

Name of Student: _____

Student School: _____

Name of Parent or Guardian: _____

Signature of Parent or Guardian: _____

Date: _____