



Cultivating Leaders • Changing Communities



Children's Board
HILLSBOROUGH COUNTY

Dreams Worth Growing

HILLSBOROUGH YOUTH COLLABORATIVE

FOR HILLSBOROUGH COUNTY YOUTH ONLY!

Application Packet

Includes:

HYC Overview Memo

HYC Application

Application Deadline:

Rolling Deadline

For Information/Questions and to Submit Application:

Community Tampa Bay
CBHC Hillsborough Youth Collaborative
9535 International Court North
St. Petersburg, FL 33716
727-568-9333
727-568-0533 (fax)

Project Consultant:

Jessica Estévez – jestevez@communitytampabay.org

Hillsborough Youth Collaborative

Dear Potential Hillsborough Youth Collaborative Member:

On behalf of the Children's Board of Hillsborough County (CBHC), we would like to thank you for your interest in the CBHC **Hillsborough Youth Collaborative** (HYC). There are a few things you need to know and do before you can become involved.

First, please be sure that the HYC is right for you. The initial HYC requirements include:

- Be a high school or college student (14-20 years old)
- Attend monthly meetings and activities (time commitment estimated at 10-15 hours/month)
- Have an interest in social issues, community service and civic activities
- Possess leadership qualities OR untapped leadership potential. HYC is not only for people who are super involved or with previous leadership experience.

Next, here are some activities you can expect to do as part of the HYC:

- Advocate for CBHC's mission which is focused on bettering the lives of children and families
- Work on projects, voice your opinion and create initiatives that help your community
- Represent the CBHC at local, state and national events
- Network with youth and adult leaders

Lastly, as a member of the HYC, you can expect to gain:

- Connections to adult community, business and political leaders
- Leadership training in community trusteeship and Board governance
- Volunteer service hours for scholarships and other awards
- Skills such as Board governance, project planning, public speaking and policy development

If the HYC is right for you, please fill out the attached application and submit it as soon as possible; our new member inauguration is coming up soon! You may either mail or fax the application. We will contact you by telephone with more information and to conduct an interview once your application is received. **ALL THOSE SELECTED FOR THE HYC MUST ATTEND all MANDATORY TRAININGS. EACH WILL BE HELD AT THE CBHC. WE WILL INFORM YOU OF THE TRAINING DATES AND TIMES.**

Please feel free to contact us with any questions concerning the HYC and the application process. We encourage you to learn more about Community Tampa Bay at www.communitytampabay.org and the CBHC at www.childrensboard.org. We look forward to receiving your application!

Sincerely,

Jessica Estévez
Community Tampa Bay's Director of Programs



Hillsborough Youth Collaborative Application

Instructions: Please PRINT (neatly) or TYPE. Answer ALL questions. Provide appropriate signatures when required.

All About You

Name: _____

Address/City/Zip Code: _____

Best Phone Number to Reach You: _____

Date of Birth: _____ Age: _____ Grade: _____

Email Address: _____ Myspace: _____

Other internet contact info: _____

School Currently Attending: _____

Parent/Guardian Name(s): _____

Parent/Guardian Address (if different): _____

Parent/Guardian Phone Number: _____

Parent/Guardian Email Address: _____

This section is for demographic data collection purposes only.

Race/Ethnicity (please check which you identify yourself as):

Black/African American___ Asian/Pacific Islander___ Hispanic___ Multi-Ethnic/Racial___
Native American___ Asian/Indian___ White/European American___ Other (please list):_____

Religion (please check which you identify yourself as):

Muslim___ Christian___ Jewish___ Hindu___ Buddhist___ Atheist___ Other (please list):_____

Your Involvement

Are you a current member of a community / neighborhood / church based youth council or advisory board? (circle)

Yes

No

If yes, please tell us about the council (the name, purpose, etc.): _____

Do you currently participate in a youth program sponsored by an organization (such as the YMCA's Ophelia Project)?

Yes

No

If yes, please tell us about the program (the name, purpose, etc.): _____

Please list the school and community clubs/activities that you participate in regularly: (i.e., student government, Interact, faith-based youth group, teen court)

Please share with us any experience you have with volunteering / community service:

PROGRAM PARTICIPATION CONSENT AND RELEASE FORM

Personal Information

Please check one of the following:

- ___ I DO grant permission for my/my child's name, phone number and additional contact information to be distributed to other participants on the program roster.
- ___ I do NOT grant permission for my/my child's name, phone number and additional contact information to be distributed to other participants on the program roster.

Participant's' Initials: _____ Parent/Guardian's Initials: _____

Photo Release

Please check one of the following:

- ___ I will be the participant and am over 18 years of age.
- ___ I am the parent or legal guardian of _____ ("my child"), who will be the participant.

I understand that I/my child, alone or with other participants and/or CTB staff members, volunteers or representatives, may be interviewed, may provide written or oral statements, and/or may be photographed, recorded on film, audio tape, videocassette, or other visual and sound, computerized, telephonic, voice-mail or tape media (photographs and/or sound/image recordings) by CTB and/or others approved by CTB.

I hereby consent to the foregoing and grant permission, without reservation, to CTB and/or those approved by CTB, to use, disclose, disseminate, copy, comment on, and/or publicize (i) any photographs, written or oral statements, and/or sound or image recordings; and (ii) my/my child's name, age and city of residence, as CTB may determine in its discretion in connection with furthering its goodwill, public education, promotional and/or fundraising activities, without review or further consent by me or my child and without any monetary compensation to me or my child.

I hereby release CTB, its officers, directors, volunteers, employees, licensees, volunteers, agents and assigns from all claims that I or my child may have, or could in the future have, for any demand, claim, actions or causes of action arising out of the taking and/or use of the photographs and/or sound/image recordings as set forth herein:

This photo consent and release shall continue in effect in perpetuity without expiration or limitation.

___ I DO consent and agree to the above photo release terms.

___ I do NOT consent or agree to any of the above photo release terms.

Name of Parent or Guardian (print): _____

Signature: _____

Relationship if Signing for a Minor: _____ Date: _____

Signature of Participant: _____

