

Youth Advisory Council (YAC) Application



Date of Application: _____

Name: _____

Street Address: _____

City, Zip: _____

Email: _____

Home phone: _____ Cell phone: _____

Parent(s)/Guardian names: _____

Age: _____

Grade: _____

School: _____

1. What is the best way to contact you: (Check one)

- Home phone
- Cell phone
- Email
- Other (please specify) _____

2. Please list all extracurricular activities you are involved in. Please include all sports, religious groups, service organizations, theater and any other groups in which you are involved.

3. YAC meetings are monthly from October to April and typically run from 1 to 1.5 hours. Considering your other commitments, would you be able to commit adequate time to YAC?

4. Why are you interested in joining YAC?

Applicant Signature: _____ Date: _____

Parent Signature: _____ Date: _____

(Parent signature required if student is under 18 years of age.)



**Freeport Community Foundation
Youth Advisory Council (YAC)
Letter of Commitment**

I, _____, accept the position as a volunteer member of the Youth Advisory Committee of the Freeport Community Foundation.

By accepting this position, I also pledge to accept and follow through on the responsibilities that come with this position:

- To attend meetings on a regular basis. If I have to miss a meeting, it will be an exception to receiving recognition of my regular attendance and make-up activities may be required.
- To review information that is sent to me before meetings begin, so that I may be prepared and productively contribute to the meeting.
- To review and keep confidential all grant information.
- To avoid conflicts of interest and inform YAC adult mentors of any potential conflicts of interest with regard to reviewing and awarding grants.
- To keep meeting discussions confidential and not take decisions personally.
- To be a responsible steward of the money allocated for youth in our community. I will form my opinions objectively and without bias so that decisions made reflect the community's best interests.
- I understand that actions which reflect negatively on YAC and/or the Foundation may be considered grounds for review of my continued membership.
- I have read, understand and agree to the terms listed in the YAC Operating Guidelines.

Signature

Date

School

Year in School

Freeport Community Foundation
Youth Advisory Council (YAC)
Job Description

Purpose:

To learn about philanthropy – the giving and sharing of time, talent, or treasure intended for the common good.

To review and make recommendations to the Board of Directors related to the youth grants program and the distribution of the Freeport Community Foundation's YAC Fund.

Members:

Membership is made up of students aged 14 to 20 from Stephenson, Carroll and Jo Daviess Counties.

Duties and Responsibilities of Advisors and/or YAC Committee:

- Attend monthly YAC meetings per school year (September through April). If unable to attend, to contact the advisor as to the reason for the absence within two days of the meeting date. Make-up activities may be required.
- Follow "best practice" standards (to be provided at orientation meeting).
- Assist with sending out requests for grant proposals to the non-profit community.
- Evaluate all funding requests in a fair and equitable manner reflective of the Foundation's mission and stated grant criteria.
- Make grant recommendations to the Board of Directors.
- Publicize grant opportunities and awards to the community at large.
- Require evaluation reports from individual grant recipients regarding progress and completion results.
- State any conflicts of interest prior to grant considerations for recommendation.
- Ensure the integrity of the grant process.
- Represent the Freeport Community Foundation in a mature and responsible manner at all YAC functions.

Freeport Community Foundation
Youth Advisory Council (YAC)
Conflict of Interest/Duality of Interest

I. Personal Data

Name: _____

School: _____

II. Employment Interests

Please disclose any employment or ownership interest which you or a member of your immediate family* may have as either an officer, director, trustee, or employee of any business organization, which might give rise to a possible conflict of interest or duality of interest with the Freeport Community Foundation because it does business with or intends to do business with the Freeport Community Foundation.

III. School Clubs and Organizations

Please disclose all school clubs and organizations in which you or any member of your immediate family* are involved.

IV. Other Charitable or Civic Involvement

Please disclose all official positions which you or any member of your immediate family* may have as a director, trustee or officer of any charitable, civic or community organization (for example, your mother is on the board of directors of the local hospital) as well as any unofficial roles such as significant donor, volunteer, advocate or advisor (for example, your father is an advisor to an environmental group seeking funding from YAC) which might give rise to a possible conflict of interest or duality of interest between you and the Freeport Community Foundation.

* "Immediate family member" is defined as a parent or legal guardian and/or siblings.

REMINDER: If at any time there is a matter under consideration which may constitute a direct or indirect conflict of interest or duality of interest, it is your obligation to disclose the facts to the Freeport Community Foundation, to abstain from voting and refrain from using your personal influence on the matter.

Signature

Date

Freeport Community Foundation
Youth Advisory Council (YAC)
Media Release Form

Please provide all the information asked for below.

Name: _____

Home Address: _____

Please check all that apply:

This material will be used in the form of

News Release Photographs Audio Website

To be used by Freeport Community Foundation for two (2) years from the date of this release for the purpose of promoting youth philanthropy.

IF PERSON BEING USED IN THE MATERIAL IS UNDER 18 YEARS OF AGE, PARENT OR LEGAL GUARDIAN MUST SIGN THIS FORM.

I (we) give my (our) permission to the Freeport Community Foundation to use my name (or my child's name), foundation, and/or photography, videotape, or any likeness for publicity and the use of statements made by or attributed to me (or my child) relating to the Freeport Community Foundation for this or similar promotions and grant to the Freeport Community Foundation any and all rights to said use without further compensation. It is my (our) understanding that my (our) signature(s) below releases the Freeport Community Foundation from any financial or legal responsibility for the use of this media relations/promotional material(s).

Signed: _____ Permission granted: _____

Date: _____ Relationship: _____