



Danny's Place Youth Services (DPYS)
Danny's Place Youth Committee (DPYC)
2017-2018

Organization's Mission: Danny's Place Youth Services provides teens in Acton and Boxborough with the resources, tools, and effective programs that create and support positive youth development.

Vision: Danny's Place Youth Services believes in a world where all young people engage in positive youth development and through this experience they gain the skills to achieve their potential, follow their passion, and live satisfying, happy, and healthy lives.

Danny's Place Youth Committee (DPYC) Description:

- DPYS is currently recruiting rising high school students (9th – 12th) who either reside or attend school in Acton or Boxborough to volunteer on the DPYC.
- Committee members will meet 2 times per month on Monday afternoons from 2:30 – 4:00 PM.
- Volunteer work will take place primarily afterschool, with some evenings and weekends as needed.
- Committee members who participate fully will be able to obtain community service hours for their participation.
- Committee members who are seniors in high school will be eligible for the Mary Laurion Danny's Place Youth Services Memorial Scholarship award.
- Seeking committee members who are engaged in their school and community and who are committed to improving services to youth in the community.
- Looking for youth who are creative, motivated and interested in generating new ideas and programs to benefit youth in the community.
- Committee members understand that they are role models in the community and act accordingly
- Computer skills and knowledge of social media helpful.

Planned Activities and Initiatives:

- Provide regular feedback on current DPYS programs and suggest improvements.
- Brainstorm ideas for new programs and initiatives.
- Volunteer at community and school events as a representative of DPYS.
- Assist with the recruitment of youth participants for DPYS programs.

- Assist with DPYS marketing projects and initiatives.
- Develop and implement a DPYC community service project.
- Maintain bulletin boards and resource area in DPYS space.
- Develop electronic scrapbook with photos and text of DPYS events and activities.
- Take photos at various DPYS events.
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Danny's Place Youth Committee (DPYS) Commitment Agreement

I have read the above requirements and the expectations of Danny's Place Youth Committee Members. As a DPYC member, I agree to meet the above expectations to the best of my abilities. I understand that I will not be able to continue as a DPYC member if I do not meet the above expectations.

Print Youth Name

Date

Print Parent Name

Date

Youth Signature

Parent Signature

Danny's Place Youth Committee

Youth Application

Name: _____ Date: _____

Age: _____

Name of school: _____ Grade in school: _____

Home address: _____

City: _____ State: _____ Zip: _____

Email address: _____

Home phone #: _____ Cell phone #: _____

Do you prefer to be contacted via (select at least one):

email

home phone

cell phone (via text)

1. Why do you want to join the Danny's Place Youth Committee?
2. What specific skills and/or talents that you have will be useful to your work with the committee?
3. What clubs/sport/activities are you involved in currently? What days/times do they take place?
4. In your opinion, what are the greatest challenges/difficulties facing teens in the Acton Boxborough Community?

DPYS Youth Committee Parental Consent Form

Participant Name: _____ Grade: _____

Address: _____

Street City State Zip

Parent/Guardian Name(s): _____

Home Phone: _____

Work/Cell Phone(s): _____

If a parent or guardian cannot be reached in an emergency, please notify:

1. Name: _____ Phone: _____

Relationship to Participant: _____

2. Name: _____ Phone: _____

Relationship to Participant: _____

Medical Information

Does the participant have any allergies (food or environmental) or medical issues of concern?
Please describe:

Are there any medications being taken by the participant?

In case of medical emergency, I hereby give permission to Danny's Place Youth Services to secure emergency medical treatment for my child if there is insufficient time to contact me. I understand that I am responsible for the costs of any treatments received by my child. I hereby release the DPYS staff from all responsibility for sickness or accidents that occur.

Parent Name: _____

Parent Signature: _____

Parent/Guardian initial:

_____ Yes, I give permission to the above

_____ No, I do not give my permission to the above

Insurance Information

Insurance Company: _____

Group #: _____ Policy Number: _____

Name of Policyholder: _____

PLEASE READ AND INITIAL AFTER EACH OF THE FOLLOWING PARAGRAPHS AND SIGN BELOW:

Waiver of Liability

As the parent/legal guardian of _____, I give full permission for him/her to attend and participate in the Youth Committee that is part of Danny's Place Youth Services. I agree to not hold DPYS, its program presenters, staff, Board of Directors, or Advisory Council liable for damages, losses, diseases or injuries incurred by the above named child in any way associated with their participation in DPYS activities and transportation to/from those activities.

Parent/Guardian initial:

_____ Yes, I give permission to the above

_____ No, I do not give my permission to the above

Permission for Photographs/Video

As the parent/legal guardian of _____, I give my permission for photographs, video footage, or interviews of my child taken during any DPYS activities to be used by DPYS members and/or staff for educational and/or marketing purposes such as brochures, newsletters, newspaper articles and posters.

Parent/Guardian initial:

_____ Yes, I give permission to the above

_____ No, I do not give my permission to the above

Parent/Guardian Signature: _____ Date: _____