Thank you for your interest in the Youth Commission’s Youth in Government Day Sub Committee. The sub-committee will be working to plan and implement the Youth in Government Day scheduled for Thursday February 19, 2015 in cooperation with the City of Pleasanton Community Services Department and Pleasanton Unified School District.

**Eligibility**
Students must be entering 8th-12th grades in the Fall 2014 to apply.

**Commitment**
Interested students must be able to commit to:
- 5 month commitment (Oct 2014 – Feb 2015)
- 3-5 hours per month completing action items generated from monthly meetings
- Monthly meetings (schedule TBD)

*Please be sure you can commit to the above requirements before you apply!*

**Application Procedure**
*The deadline to apply is Friday, October 10th, 2014 at 3:00pm*
1. Complete City of Pleasanton Volunteer Application & Youth In Government Day Sub-Committee Supplemental Questionnaire
2. Return application **and** supplemental questionnaire to Gingerbread Preschool (4333 Black Ave) or email to dweisgerber@cityofpleasantonca.gov by application deadline.

*There is limited space for this program and you must be a Pleasanton resident to apply.*
All applications will be reviewed and qualified participants will be contacted for interviews within 1-2 weeks of application deadline.

If you have any further questions, please contact David Weisgerber at (925) 931-3474 or dweisgerber@cityofpleasantonca.gov.
YOUTH IN GOVERNMENT DAY  
a Sub Committee of the Pleasanton Youth Commission  
VOLUNTEER APPLICATION  
Community Services Department  

Please return to: Gingerbread Preschool Office - 4333 Black Ave.  
Or email to: dweisgerber@cityofpleasantonca.gov  
Deadline to Apply: Friday, October 10th, 2014  

Name_________________________________________________________________________ Date ________________  

Address_________________________________________________________________ City_____________ Zip Code___________  

Home Phone (___)_________________________ Cell Phone (___)_________________________  

Email*________________________________________ Birth date ________________  
ALL communication will be via email, please be sure to write your email legibly.  

School Name (Fall 2014)_________________________________________________________ Grade (Fall 2014)__________  

Emergency Contact Information  
People to contact in Case of Emergency:  

Name:_________________________________________ Cell Phone_________________________  
Relationship:_________________________________ Work Phone_________________________  

Name:_________________________________________ Cell Phone_________________________  
Relationship:_________________________________ Work Phone_________________________  

MEDICAL INFORMATION  

Physician:_______________________________________ Phone ________________________  
Address:________________________________________ Medical Plan:__________________________  

Special Medical Needs/Accommodations:______________________________________________  

Medications/Allergies:_________________________________________________________________
1. Why are you interested in being involved with the Youth In Government Day Sub Committee?

2. What skills, talents, or strengths do you have that will help you be a successful member of the subcommittee?

3. Describe your extra-curricular activities (clubs, organizations, sports) and any leadership positions you have held that relate to this position.

4. How will you balance the Youth In Government Day responsibilities with your other commitments?
All applicants must sign the Wavier, Release and Assumption of Risk; Consent and Waiver for Use of Sound Recording, Image and Likeness. If applicant is under 18 years of age, a legal guardian/parent signature is also required.

City of Pleasanton
WAIVER, RELEASE AND ASSUMPTION OF RISK
CONSENT AND WAIVER FOR USE OF SOUND RECORDING,
IMAGE AND LIKENESS

The City of Pleasanton ("City") is sponsoring the following activity:

Youth In Government Day

I voluntarily agree to my [my child’s] participation in this activity. I am [My child is] physically fit to participate in this activity. I understand that this activity involves risks and that serious injuries could occur while I am [my child is] participating in this activity. In addition, if transportation is provided to the activity, serious injuries could occur. Knowing these risks, I want [my child] to participate in this activity.

I acknowledge and consent that photographs and other pictorial works, motion pictures, videos, and other audiovisual works, sound recordings, musical works, dramatic works, and/or pantomimes and choreographic works of or made by me [my child] ("Works") may be made during the activity, and that my [my child’s] voice, image, and likeness may be recorded and reproduced in the Works and related informational and/or promotional material ("Related Materials"). I also acknowledge and consent to my [my child’s] name being identified in the Works and Related Materials, and that the Works and Related Materials may be publicly promoted and distributed in many ways, including, but not limited to, the City’s website, brochures, and flyers.

I acknowledge and consent that I [my child] will not be compensated for the Works and Related Materials, the City exclusively owns all rights to the Works and Related Materials, and the City may use them at its discretion.

I [on behalf of my child] hereby assume the risk, and hereby waive, release and hold harmless the City, its officials, employees, agents, sponsors, promoters, and assigns of this activity, for any and all claims, liability, cost, expense, including attorneys’ fees, or cause of action for defamation, invasion of right to privacy, publicity, or personality or any similar matter which I [my child] or my [my child’s] heirs, assigns, executors or administrators may have or which may accrue to me [my child], arising out of my [my child’s] participation in this activity, including transportation to or from the activity or the use of the Works and Related Materials.

I have read the above, understand that important legal rights are being waived, and sign it freely and voluntarily.

_________________________  ________________________
Date  Signature of Volunteer

_________________________  ________________________
Print Name of Volunteer  Volunteer age

_________________________
Signature of Parent or Guardian
(if participant is a child)

_________________________
Print Name of Parent or Guardian

_________________________
Parent or Guardian Cell Phone #