



Youth Leadership Council Northwest Neighborhoods CDC

Youth Member Job Description

What is the Youth Leadership Council:

Northwest Neighborhoods CDC, in partnership with MyCom Cle, works with youth within the Cudell, Detroit Shoreway, and Edgewater neighborhoods, over a 12 month period, to encourage the next generation of community leaders. As a member of the Youth Leadership Council (YLC), through workshops, volunteering, programs and networking, you will gain valuable skills to help support your community, and row to be a leader.

**MyCom Cle is a nonprofit that builds strengths in young people and their neighborhoods by connecting existing programs and resources, and funding opportunities for positive growth.*

**Northwest Neighborhoods CDC is a nonprofit that guides the physical, economic, and social development of the neighborhoods it serves toward an improved quality of life.*

Responsibilities and duties:

- Attend YLC opening retreat August 5th, 2022 (Mandatory)
- Attend monthly YLC meetings each month from 4PM to 6PM (maximum 2 absences)
- Complete minimum 20 hours of YLC Coordinator approved volunteer hours
- Complete assigned task for YLC community empowerment project
- Actively share YLC initiated programs through social media channels
- Complete YLC evaluation at end of program

Qualifications and Skills:

- Reliable transportation to and from opening retreat and all monthly YLC meetings
- Live in Cudell, Detroit Shoreway, or Edgewater neighborhood
- Ages 14-19
- Enrolled in high school for 2022/2023 school year
- Access to internet and email
- Ambitious attitude
- Desire to serve and support your community

We appreciate your interest in the Youth Leadership Council for the 2022-2023 year.



Youth Leadership Council 2022/2023 Membership Application

There are limited spaces on the council, please fill out the following application to the best of your ability and return by July 15th. Responses will begin the week of July 30th, 2022.

Date of Application: _____

Personal information:

Last Name: _____

First Name: _____

Address: _____

City, State, and Zip:

Home #:

Cell #: _____

Email: _____

Best Way to Contact: Cell Home Email

Are you at least 14 years old? Yes No

Birth Date: _____

Guardian's Name: _____

Home #:

Cell #: _____

Email: _____

Best Way to Contact: Cell Home Email

Do you take medication or have any food allergies? Yes No

If yes, please list the medication and dosage below and/or the food allergy (s):

Have you ever been under psychiatric care? Yes No



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Educational background:

Last Grade Completed:

School Name:

GPA:

Languages Spoken:

Please list scholastic honors, specialized training, apprenticeship and extra-curricular activities that may be helpful when considering your application

Personal attributes & interests

Circle four words/phrases that best describe you.

- Caring
- Critical Thinker
- Teachable
- Committed
- Hard Working
- Team Player
- Friendly
- Take Initiative
- Creative
- Organized

What topics/issues in your community is most pressing to you?

What is the greatest difficulty facing your generation?

How do you define leadership?

What do you like about your neighborhood?



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What do you wish you could change about your neighborhood?

Current employment

Company:

Telephone Number:

Position:

Supervisor Name:

May we contact this person for a reference? Yes No

Personal reference: *Please list (3) persons, not related to you, who are qualified to evaluate your capabilities and character. The (3) persons must be one of the following: Principal, Teacher, Guidance Counselor, Employer, or Pastor.*

Name	Address	Telephone #	Relationship
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1.

2.

3.



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Code of conduct:

- I will remain under the supervision of a YLC Staff member or YLC adult volunteer at all times.
- I will be committed to be a team player and respect the authority and leadership over me.
- I will hold with the highest regard my personal responsibilities as a YLC member.
- I will agree to live according to the law
- I will treat every student with respect. This will mean no harassment, intimidation or provocation.
- I will not engage in inappropriate conversation or actions.
- I will act in a professional manner anytime I represent YLC
- I will strive to solve questionable situations, misunderstandings and potential problems that may come up with the other student leaders or students or consult with my YLC adult supervisor.
- I will avoid inappropriate physical contact with other students.

I have read and understand the code of conduct. I recognize that if my behavior is in conflict with the code of conduct I may be expelled from YLC.

Participant Signature: _____ **Date** _____

I have read and understand the code of conduct. I recognize that if my student's behavior is in conflict with the code of conduct he/she may be expelled from YLC.

Parent/Guardian Signature: _____ **Date** _____



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Parental Consent and Release of Liability:

1. **RELEASE OF LIABILITY:** I understand that the opportunity to sit on the Youth Leadership Council is a privilege. In consideration for that privilege, I am signing this Release of Liability form on behalf of myself and my minor children. I understand that my child may participate in any number of physical activities some of which include, but are not limited to, recreational

Activities and games. I understand that there are certain risks of physical injury or illness associated with these activities. In addition, I understand that there may be other risks associated with these activities of which I may not be presently aware. By signing this Release, I expressly assume these risks for my child and me, whether such risks are known or unknown to me at this time. I release NORTHWEST NEIGHBORHOODS CDC including its affiliated chapters and their officers, directors, volunteers, employees, contractors and agents, from any claim that I or my children may have now or in the future against them for any physical and personal injury, illness or death due to participation in NORTHWEST NEIGHBORHOODS CDC activities. This release of liability shall cover (without limitation) all claims for negligence and breach of fiduciary duty asserted by my child or any person made on their behalf.

2. **AUTHORIZATION FOR MEDICAL TREATMENT:** With the increasing sophistication of the medical system, I understand it may be necessary to have a parental consent form present in the unlikely event of an injury or condition requiring medical treatment of my child. This consent and release gives NORTHWEST NEIGHBORHOODS CDC and its personnel the permission to take my child to the nearest, available medical facility and have any necessary emergency treatment administered. In case of emergency, I understand that efforts will be made to contact me; however if I cannot be reached, I hereby give NORTHWEST NEIGHBORHOODS CDC and its representatives the permission to act on my behalf in seeking emergency medical treatment for my child in the event that such treatment is deemed necessary or advisable for my child's health, safety, and welfare. I give permission to those administering medical treatment to do so, using the measures deemed necessary. I release NORTHWEST NEIGHBORHOODS CDC its representatives, and all medical providers from liability in acting in this regard and rendering such medical treatment. I will be full responsible for all medical expenses. I represent that I am the parent/guardian of the child named below, who is under 18 years of age. In consideration for allowing my child/ward to participate in NORTHWEST NEIGHBORHOODS CDC Youth Leadership Council activities, I hereby consent to the foregoing on behalf of my child/ward and agree that this release shall be binding upon me, my child/ward, and our heirs, legal representatives and assigns. I hereby agree to defend, indemnify and hold NORTHWEST NEIGHBORHOODS CDC including its chapter affiliates, their directors, volunteers, employees, contractors and agents, harmless from any liability asserted by my child/ward subsequent to his or her reaching majority, including reasonable attorney's fees and costs. I also warrant that my child/ward is physically fit and able to participate in all NORTHWEST NEIGHBORHOODS CDC Youth Leadership Council activities.

3. **MEDIA RELEASE:** I hereby grant permission to NORTHWEST NEIGHBORHOODS CDC the right to use, reproduce, and/or distribute any photographs, film, video-tapes and sound recordings of me and my child, without compensation or approval rights, for use in materials created for purposes of promoting the future activities of NORTHWEST NEIGHBORHOODS CDC Youth Leadership Council.

4. **BEHAVIORAL AGREEMENT:** I understand that illegal or immoral activities or behavioral issues may result in the named participant being sent home at the expense of the parent(s)/guardian(s). (These activities would include but are not limited to the possessions and/or use of drugs, alcohol or weapons; stealing; fighting; etc.) NORTHWEST NEIGHBORHOODS CDC will make efforts to contact the parent(s)/guardian(s) to make arrangements before the named participant is sent home.

5. **DRIVING:** I give permission for NORTHWEST NEIGHBORHOODS staff and volunteers to drive my child if needed.

Participant Name: _____ Participant Signature: _____ Date _____

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature _____ Date _____

Parent Phone # (____) _____ Parent/Guardian Email _____