

Levittown Y.O.U.T.H.
Membership Agreement Form

Mission Statement:

The Youth Coalition is composed of middle and high school students from both the Island Trees and Levittown school districts. The goal of the coalition is to unite youth of the Levittown community and work towards preventing underage substance use and promoting healthy alternatives. Members of the coalition are seen as community youth leaders and positive role models who uphold the values of the coalition. It is expected that all members of the coalition commit to a drug free lifestyle.

The Youth Coalition has put together several Public Service Announcements educating youth on the negative effects of substance use and have participated in conferences such as the Long Island Youth Safety Conference. Benefits of being a member of the coalition consist of meeting other students in the community, working together for a common cause and gaining community service experience.

The Youth Coalition meets year-round on the second Wednesday of each month at 5:00pm. It is required for members to attend a minimum of 3 monthly meetings and participate in a minimum of 2 projects annually.

By signing this agreement, you are agreeing to uphold the values of the Youth Coalition to the fullest extent.

Youth Name (Print): _____ Date: _____

Youth Signature: _____

Parent/Guardian Name (Print): _____ Date: _____

Parent/Guardian Signature: _____

Please fill out the information on the back of the page to tell us more about yourself.

Contact Information:

Name: _____

Address: _____

Phone: _____

Email: _____

School: _____

Grade: _____

Skills:

Reasons for getting involved in the coalition:

Involvement in school-based organizations and other community-based organizations:

Emergency Contact:

Name: _____

Relationship to youth: _____

Phone: _____

**Levittown Y.O.U.T.H.
Media/Photo Release Form for Minors**

I hereby authorize Levittown Community Action Coalition (LCAC) and Levittown Y.O.U.T.H. to use or publish photographs and videos taken of me and/or the undersigned minor children, and our names, publicly for the purpose of educational and publicity/promotional purposes for or related to Levittown Community Action Coalition (LCAC) and Levittown Y.O.U.T.H mission and coalition work. I understand that the images/video may be used in print publications, online publications, presentations, websites, social media or for any marketing or promotional purposes. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

I release Levittown Community Action Coalition (LCAC) and Levittown Y.O.U.T.H. from any expectation of confidentiality for the undersigned minor children and myself and attest that I am the parent or legal guardian of the children listed below and that I have the authority to authorize Levittown Community Action Coalition (LCAC) and Levittown Y.O.U.T.H. to use their photographs, videos and names.

I acknowledge that since participation in publications and websites produced by Levittown Community Action Coalition (LCAC) and Levittown Y.O.U.T.H. is voluntary, neither the minor children nor I will receive financial compensation.

I further agree that participation in any publication and website produced by Levittown Community Action Coalition (LCAC) and Levittown Y.O.U.T.H. confers no rights of ownership whatsoever. I release Levittown Community Action Coalition (LCAC) and Levittown Y.O.U.T.H., its contractors and its volunteers from liability for any claims by me or any third party in connection with my participation or the participation of the undersigned minor children.

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____

Date: _____

Street Address: _____

City, State, Zip: _____

Names and Ages of Minor Children:

Name: _____

Age: _____

Name: _____

Age: _____

**Please complete and return to Larissa Singh at lsingh@yesccc.org, or mail to
L.Y.O.U.T.H. c/o Levittown Community Action Coalition
152 Center Lane, Levittown NY 11756**