

VILLAGE OF DOWNERS GROVE

Application for Youth in Government Program

Membership (12 month terms) for service on selected Village commissions is available to Downers Grove youth entering their junior year (or age equivalent) of high school. Please fill in all information and return to:

Village Manager's Office
801 Burlington Avenue
Downers Grove, IL 60515
Attn: Youth in Government

Last Name _____ First Name _____ Middle _____

Address _____ City _____ Zip _____

Home Phone _____ Alternate Phone _____

Email Address _____

Resident of Downers Grove since _____ Date of Birth _____

School attending _____ Current Grade Level _____

Parent/Guardian Name(s) _____

Employment History _____

Please rank your interest in the following Commissions: (find more info on these commissions at: <http://www.downers.us> Select the GOVERNMENT link and then select the Boards and Commissions link)

____ Environmental Concerns Commission

____ Human Services Commission

____ Community Events Commission

____ Transportation and Parking Commission

____ Community Grants Commission

Briefly describe why you would like to serve on the Commission that interests you the most.

List any special skills or experiences you have which would qualify you to be a member on one of these Commissions.

List any service organizations, volunteer opportunities or community activities you have participated in.

If appointed to a commission what do you hope to gain from the experience?

Have you ever attended and are you willing to attend Village council meetings?

The selected Village commissions meet monthly, except for the Community Grants Commission which meets approximately 3 times per year. Additionally, there are other responsibilities in preparation for meetings (review of minutes, agenda and other materials). Please list any regular conflicts you may have including any work, transportation, school activity or other commitments.

Please list two references from non-family members from your community, school, or other local organizations who would recommend you as a Youth Commission member.

Name _____ Phone _____

Relationship _____

Name _____ Phone _____

Relationship _____

As a commission member applicant, I realize that such a privilege involves certain responsibilities including regular attendance and reviewing commission related materials prior to each meeting.

Signature _____ Date _____

Parental Signature _____ Date _____

**VILLAGE OF DOWNERS GROVE
VOLUNTEER RELEASE**

As a parent of a child under eighteen (18) years of age, I understand that my child will participate in a board or commission for the Village of Downers Grove for a one year term.

- a. I grant permission to allow my child to participate on assigned Village board or commission.
- b. I acknowledge that I am fully and solely responsible for my child's actions, including any injury or damage that he/she may cause.
- c. Permission is granted to the Village to photograph or videotape my child in relation to this event for the purposes of publicity, public relations, advertising, newsletters and the like. I hereby discharge and release the Village from any and all claims arising from the use of the photos, videotapes and any likeness thereof for the above-stated purposes.
- d. I direct my child to follow and obey all instructions given by Village personnel in the course of participation in the program, including any safety instructions or directions of Village personnel.
- e. I acknowledge that my child has not participated in this program in the last six (6) months.
- f. I hereby acknowledge that my child is voluntarily participating in this program and that there is no monetary compensation for this participation.
- g. I also acknowledge that my child is not an employee of the Village and is participating in the program merely as a student Board or Commission member.
- h. I agree to indemnify, defend and hold harmless the Village of Downers Grove, its officers, agents and employees from any and all claims, actions, suits or liability whatsoever arising out of my child's willful misconduct in participating in the Program.

Failure to comply with any of these points will result in denial of participation in the program.

Name of Child: _____
(Print Name)

Board/Commission assigned: _____ Year of Service: _____

Signature: _____ Date: _____
(Parent or Legal Guardian)

Telephone Number: _____ Child's Date of Birth: _____

In case of emergency, provide the name and phone number of the person/persons we should contact:

Name: _____ Phone: _____