

Youth Advisory Board
PARENTAL AND YOUTH CONSENT FORM

Your son/daughter has applied to be a member of the IDFY Youth Advisory Board for the 2024 - 2025 school year. Receiving input from the youth that represent our state is vital to the growth and advancement of Idaho Drug Free Youth. We have opened the application process to all youth who are committed to leading an alcohol and drug-free lifestyle and who will be in grades 10, 11, or 12 during the 2024 - 2025 school year.

We acknowledge the commitment that will be required of the applicants. To show you are willing to support your child in his/her desire to be a member of the IDFY Youth Advisory Board, we ask that you sign below to acknowledge your consent.

YOUTH RESPONSIBILITIES CONSENT

I, if elected as a member of the IDFY Youth Advisory Board, will agree to: (Please initial.)

_____ Be present on group and individual conference calls. Frequency will vary throughout the year.

_____ Take part in on-going online correspondence through email, text, etc.

_____ Promote IDFY within your community.

_____ Remain alcohol, tobacco, and drug free.

_____ Attend the YAB Retreat (date/location TBD)

I, if elected as a member of the IDFY Youth Advisory Board, will agree to follow through with my responsibilities as a group member during my one-year term (August 1, 2024 to June 1, 2025). If I fail to meet my responsibilities, I agree to maintain the integrity of the IDFY Youth Advisory Board by agreeing to terminate my position with the group. I would also hold the sponsoring agencies, their funding sources, staff or successors-in-interest harmless from liability due to any accident or injury to myself during an IDFY Youth Advisory Board meeting or event.

Applicant Signature **X** _____ DATE _____

I have read and understand the above letter and the responsibilities of a member of the IDFY Youth Advisory Board. I provide my consent and support of my child's decision to apply for a position with the IDFY Youth Advisory Board.

Parent/Guardian Signature **X** _____ Date _____

Youth Advisory Board
Photo Release

I give Idaho Drug Free Youth permission to publish in print, electronic, or video format the image of my child. I release all claims against the Idaho Drug Free Youth with respect to copyright ownership and publication including any claim for compensation related to use of the materials.

Parent/Guardian Signature **X** _____ Date _____