



City of Turlock Teen Advisory Council

Application Packet

Requirements to join TAC:

1. Must be in 7th – 12th grade
2. Must be a resident of the City of Turlock or attend a school in Turlock
3. A \$70.00 application fee must accompany completed application; scholarships are available
4. Must be willing to commit time and energy

Completed application packets due no later than Friday, August 19, 2016 to:

City of Turlock Parks, Recreation & Public Facilities Division

Attn: Teen Advisory Council

144 S. Broadway

Turlock CA 95380

An incomplete application will result in disqualification



Teen Advisory Council

Application Checklist

- Information Form
- Parent/Guardian Release Form
- Video-Photo Waiver Form
- 1- 2 page Letter of Interest, including:
 - Why you want to be a member of the Teen Advisory Council
 - Your qualifications
 - Program ideas for TAC to sponsor
 - Service projects for TAC to participate in
- Typed Resume, including:
 - Schools you have attended
 - Extra curricular activities you are or have been involved in (sports, clubs, organizations, school and/or elected student government positions)
 - Past or current employment
 - Special skills
 - Any other information about yourself that you feel is important
- 1 Letter of Recommendation (not a family member)
- \$70.00 Non-Refundable Application Fee; All **completed** applications will be accepted; Make checks payable to: City of Turlock; Scholarships are available



Information Form

Name _____ Male _____ Female _____

Birthdate _____ Shirt Size _____

Phone _____ Phone _____

E-mail _____

Address _____

City _____ Zip _____

What school will you attend this fall? _____

What grade will you be in this fall? _____

The Teen Advisory Council meets the fourth Monday of each month from 6:00 – 7:00pm. In addition, TAC is involved in a variety of community events. Committee meetings will be scheduled as needed throughout the month. Based on commitments you have already made for the coming school year, can you dedicate approximately ten hours per month to meetings, projects and special events?

Yes _____ No _____

I understand the time and effort that is required by TAC members, and I certify that all information presented in this packet is correct.

Print Name _____ Date _____

Signature _____

* You may be notified for an interview



Parent/Guardian Release Form

(Please Print or Type)

I give permission for my son/daughter, _____, to participate in the City of Turlock Teen Advisory Council Program August 2016 through May 2017.

I further hereby authorize any duly licensed physician or dentist to provide any and all emergency medical care in the event that my child becomes ill or is injured while participating in the program.

I understand that the City of Turlock carries no medical insurance for any of its program activities. I hereby agree to indemnify and hold harmless and release the City of Turlock, its agents and employees from any and all liability for any injury suffered by myself or my child arising from or connected with this program and will assume all risk for any injuries. I acknowledge that I have received information regarding this activity.

Name _____

Relationship to Applicant _____

Cell Phone _____ Home Phone _____

Address _____

City _____ Zip _____

Signature _____ Date _____

Health Insurance Carrier _____

Policy Number _____

Allergies to food or drugs: _____

Any special medications, important medical info., special instructions: _____

List any restrictions to medical treatment: _____

Father/Mother/Guardian (not listed above): _____

Cell Phone: _____ Home Phone: _____

Emergency Contact Name & Phone Number



Video-Photo Waiver Form

I understand that during the Teen Advisory Council program, my photograph and/or the photograph of my child may be taken. I agree that my photograph and/or the photograph of my child, including video photography or other reproduction of my likeness or the likeness of my child, may be used without charge by the program sponsors, producers, organizers and/or its assigns for such purpose as they deem appropriate.

Participant Signature _____

Parent/Guardian Signature _____