



Redford Youth Commission Membership Application

If you are a high school student interested in representing your community on the Redford Youth Commission, please complete the following application and return it to the address listed below. As a representative on the Redford Youth Commission you will have the opportunity to work side by side with Township officials, voice the concerns of your peers, assist in the planning & development of youth programs and be elected to sit on one of the local boards or commissions. The time commitment for the Youth Commission is a one year term. If you are interested in becoming a member or have any questions, please feel free to call Theresa Burgess at 313-387-2787.

PLEASE TYPE OR PRINT

NAME: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

SCHOOL: _____ GRADUATION YEAR: _____

PHONE NUMBER: _____ AGE: _____

EMAIL ADDRESS: _____

PARENTS' OR GUARDIAN'S NAMES: _____

I give permission for _____ to be involved in the Redford Youth Commission.

I, the undersigned Parent/Legal Guardian of the above named member (hereinafter referred to as "Member"), hereby consent to and give my permission for the following:

1. That Member has my consent and permission to participate as a member of the Redford Youth Commission.
2. That Member has my consent and permission to participate in all Redford Youth Commission activities, which may also include activities held at other locations.
3. On behalf of the Member and myself, hereby release, discharge and indemnify the Charter Township of Redford, any and all affiliated organizations, its/their employees, and volunteers from all liability for injury to person or damage to property of myself and Member arising out of participation in, and transportation associated with the "Redford Youth Commission".
4. In permitting the Member to participate, I am specifically granting permission to the Charter Township of Redford and the Redford Youth Commission to use the likeness, voice and words of the Member in television, radio, films, newspapers, magazines and other media, and in any form not heretofore described, for the purpose of advertising or communicating the purposes and activities of the Redford Youth Commission and appealing for funds to support such activities.
5. If I am not personally at the Redford Youth Commission activities in which the Member is participating, so as to be consulted in case of necessity, you are authorized on my behalf and at my account to take such measure to arrange for such medical and hospital treatment as you may deem advisable for the health and well-being of the Member.

Signature of Parent or Guardian: _____ Date: _____



Redford Youth Commission Questionnaire

To help us in the selection process, please fill out the following questionnaire, to help us learn what your specific concerns and interests are:

Please list school, community, church, sports and other organizations that you are active in and the position that you hold if any:

- _____
- _____
- _____

What are three issues that you feel need to be addressed in Redford Township?

- _____
- _____
- _____

Select one of your issues and briefly explain how you, Township agencies and residents can address this concern effectively.

What are some events/activities you would like to see planned for the youth (teens) in our community?

- _____
- _____
- _____

Briefly explain why you would like to join the Redford Youth Commission and what you feel you can add to the Commission.

What are days & times that you are available for meetings: (circle all that apply)

Monday	Tuesday	Wednesday	Thursday	Friday
4:00-5:00pm		5:00-6:00pm		6:00-7:00pm