

# Surry County Youth Council (SCYC) Application

## Section A-Applicant's Information

1. Name (First and Last): \_\_\_\_\_ Date of Birth: \_\_\_\_ - \_\_\_\_ - \_\_\_\_
2. Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_
3. Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_
4. Email address \_\_\_\_\_ Grade currently enrolled \_\_\_\_\_
5. List other school and community activities that you are involved with this year?

6. Will you be able to attend SCYC meetings on the first/third Tuesday of each month from 3:15 – 4:30 pm?  
 Yes  No If No, what date and time is most convenient for you? \_\_\_\_\_
7. Do you work during the summer?  Yes  No  Unsure at this time
8. If you do have summer employment, is it?  Part Time  Full Time
9. How do you rate your leadership skills?  
 Bad  Poor  Fair  Good  Excellent

## Section B- Youth Needs Assessment

10. How would you rate the youth activities in the County of Surry, VA.  
 Bad  Poor  Fair  Good  Excellent

11. What problems do you think exist for youth of Surry County?

12. What kind of things do you think should be done to help the youth of Surry County?

## Section C- Reference Information

13. Do you know any of the current SCYC Members?  Yes  No If yes, please list names:

1. \_\_\_\_\_ 2. \_\_\_\_\_

14. List at least one person who would be willing to be a reference for you.

• Name: \_\_\_\_\_ Phone: \_\_\_\_\_

• Relationship to you? \_\_\_\_\_

**All applicants must have a "Program Participation Form" completed by parents.**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Surry County**  
**Department of Youth & Family Services ~ Surry Resource & Employment Center**  
Participation Form

Date Completed: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_ Circle: Youth or Adult

**Program Name:** (Check all of the programs in which your child will be participating in this year.)

Youth Council  Mentoring (Lunch Buddy/GUIDE/Precious Jewels/YLOV/Boyz 2 Men)  (Youth Workforce Career Connections-YWCC)  Other-Special: Specify, \_\_\_\_\_

**Youth Information:**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Grade \_\_\_\_\_

Is this youth currently or planning to participate in other extra curriculum activities in the next 12 months?

Yes  No  Unsure Specify: \_\_\_\_\_

**Medical Information:**

My child is allergic to the following food, drinks, and etc: \_\_\_\_\_

My child has the following medical conditions: \_\_\_\_\_

Physical restrictions include: \_\_\_\_\_

Does your child require additional assistance (Ex. Educational, behavioral, etc.) \_\_\_\_\_

**In case of emergencies, please contact:**

**Parents or Legal Guardians**

Mother's Name/Guardian \_\_\_\_\_ Father's Name/Guardian \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City/State \_\_\_\_\_ City/State \_\_\_\_\_

Home Phone# \_\_\_\_\_ Home Phone# \_\_\_\_\_

Work or Cell Phone # \_\_\_\_\_ Work or Cell Phone# \_\_\_\_\_

Does the youth listed above primarily reside with both parents more than half of the time?  Yes  No  Unsure

Comments: \_\_\_\_\_

**Other: (Relative or Family Friend if parent is unavailable)**

Name \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_

Home Phone# \_\_\_\_\_ Work or Cell Phone# \_\_\_\_\_

**Family Physician**

Doctor's Name \_\_\_\_\_ Phone Number# \_\_\_\_\_

In case of an emergency, the Surry County Employees will work to secure the best possible treatment and care for your child. Your signature BELOW authorizes the Surry County Department of Youth & Family Services /Resource and Employment Center to seek medical attention on your behalf in your absence.

**Signature of Parent Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Waiver of Liability Release: (X based upon your agreement.)**

I am aware of the nature of this Program and I hereby assume responsibility for (Participant Name) \_\_\_\_\_ to participate in this program and to be photographed for publicity purposes.  No, I will not hold the **County of Surry, the Department of Youth & Family Services, and/or its employees/Partners/Contractual Site Coordinators** responsible in case of accident or injury as a result of this participation. I understand that this completed form must be in the possession of the SCDYFS/Resource and Employment Center prior to participating in agency programs.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent Involvement:**

Yes, I am interested in assisting this agency with meetings, special programs and/or activities.

No, I am not interested in assisting this agency with meetings, special programs and/or activities.

# AUTHORIZATION FOR RELEASE OF INFORMATION

Date \_\_\_\_\_

To whom it may concern:

I, \_\_\_\_\_, understand that different agencies provide different services and benefits. Each agency must have specific information to provide services and benefits. By signing this form, I allow agencies to use and exchange certain information about me and/or my child: \_\_\_\_\_, so it will be easier for them to work together, efficiently, to provide or coordinate these services or benefits.

I, (Parent/Guardian): \_\_\_\_\_ do hereby waive my right (or on behalf of my child) to privacy. I, specifically, authorize and request that you release the following information from my (and/or my child's) file in the possession of your agency:

**(Please "X" at least one area below and/or list specific items you give permission to have released.)**

Examples: School (i.e. educational, attendance, behavior records, etc.) or Department of Social Services (documentation of service, financial eligibility, etc.)

- Income Information - **Department of Social Services**     Medical Information
- Educational or Attendance Information - **School System**
- All of the above

Other, Please specify: \_\_\_\_\_

Provide this information only to:

**Surry County Office on Youth**  
**11 Lebanon Road, P. O. Box 65 Surry, VA 23883**  
**Telephone: 757-294-5278 Fax: 757-294-3079**

This authorization is good until Services are Closed:

Starting Date: \_\_\_\_\_ To Ending Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Witness: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Note: Must be notarized or witnessed.**

**For Office Use Only:**

The above information was sent as requested this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)