



KIDS VOTING YOUTH COUNCIL APPLICATION

Complete Application and Mail to Kids Voting at the address below.

Mail application to: Kids Voting Central Ohio 60 E. Broad St. 3 rd Floor Columbus, OH 43215 (Ph) 614/224-3555	For Office Use Only Date received: _____ Date interviewed: _____ Interviewer: _____
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Applicant Name: _____

Mailing Address: _____

City: _____ Ohio Zip Code: _____

E-Mail Address: _____ Cell Phone: _____

Home Phone: _____ Date of Birth: _____

School Name: _____ School District: _____

Tell us about any skills or interests that you would bring to the Youth Council.

What interests you about the Youth Council?

Meetings will be held in a central location. How would you plan to get to the meetings?

- Drive myself
 Take a bus
 Have family or friend drive me

Student applications must be mailed to:

Kids Voting Central Ohio, 60 E. Broad Street 3rd Floor, Columbus, OH 43215

Schedule

The Kids Voting Youth Council plans to meet regularly the **third Thursday** of each month during the 2009-2010 school year, starting in November. The meetings will be held in a central location from **12:00 noon until 1:30 PM**, and lunch will be provided. In addition to regular Youth Council business and helping to plan other Kids Voting activities, we plan to have various Elected Officials join us to explain the responsibilities of their office, how they got involved in public office, and how young people can participate.

Please Read carefully before signing application.

The Kids Voting Council is an equal opportunity program and will consider applicants for all volunteer positions without regard to sex, race, color, religion, marital status, national origin, handicap, veteran status, sexual orientation or any other legally protected status.

By signing this application, I understand that Kids Voting cannot be liable for any injuries or illness that my dependent(s) or I may suffer. I expressly waive any such claim for compensation or liability against Kids Voting beyond what may be offered freely by the representative of Kids Voting in the event of such injury, medical expense or vehicle damage.

Applicant

Signature: _____ **Date:** _____

By signing this application, I authorize my child/ward to participate in the activities of the Kids Voting Youth Council and authorize the use of his/her photos to be used in Kids Voting materials and permit him/her to take part in interviews or other Kids Voting Council related media coverage.

Parent or guardian

Signature: _____ **Date:** _____

Emergency Contact: _____ Phone: _____

Home Phone: _____ Cell Phone: _____

If you have any questions, please contact the Kids Voting office at 614/224-3555 or contact@kidsvotingoh.org

Thank you for taking the time to complete this application!
We will contact you shortly regarding your application.