



# KIDS VOTING YOUTH COUNCIL APPLICATION

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

<b>Mail application to:</b> Kids Voting Central Ohio 60 E. Broad St. 3 <sup>rd</sup> Floor Columbus, OH 43215 (Ph) 614/224-3555	<b>For Office Use Only</b> 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 3<sup>rd</sup> Floor, Columbus, OH 43215**

**Schedule**

The Kids Voting Youth Council plans to meet regularly the **third Thursday** of each month during the 2010-2011 school year, starting September 16. The meetings will usually be held at Columbus Downtown High School, 364 South 4<sup>th</sup> Street (or another 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 will 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](mailto:contact@kidsvotingoh.org)**

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