

NH Governor’s Youth Advisory Council on Substance Misuse and Prevention (GYAC) Application Form 2024-2025

Completed applications must be submitted through email to gyac@nh.gov by **Monday, Sept 9, 2024.**

General Information

Student Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____ D.O.B: ____/____/____

Student Cell Phone #: _____

Is it okay to text team info to that number? Yes No

Student Email Address (either school or personal, whichever is checked more often):

Please write clearly

School/Community Info

What school do you attend: _____ Grade this year: _____

What other groups are you involved in this year? _____

Emergency Contact Information

Student Name: _____

Parent’s Info *(Complete where applicable)*

Parent 1/Guardian:

Name: _____

Tel: Work: _____ Cell: _____

Home: _____ Other: _____

Email: _____

Parent 2/Guardian:

Name: _____

Tel: Work: _____ Cell: _____

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Home: _____ Other: _____
Email: _____

Other Emergency Contact:

Name: _____ Relationship: _____
Tel: Work: _____ Cell: _____
Home: _____ Other: _____

Medical Concerns/Issues: _____

Allergies: _____

Other Concerns: _____

Program Waiver
Effective for the duration of membership

To be completed by parent or guardian

**If you are an emancipated minor, you may provide proof of emancipation with this application in lieu of a parent or guardian signature.*

Print Parent's Name: _____

Print Student's Name: _____

LIABILITY WAIVER:

I agree to allow my child to participate in the Governor's Youth Advisory Council. I understand that Governor's Youth Advisory Council activities could result in injury during events or during transportation to and from events. I agree to waive any liability or right of civil action against the Governor's Youth Advisory Council and any of the associated staff, volunteers, sponsors or other agents of the Governor's Youth Advisory Council Program for any negligence or acts or omissions that are related to my child's participation in any Governor's Youth Advisory Council related activity. In the event of an emergency where I cannot be reached, I give my permission for the adult staff of the Governor's Youth Advisory Council to act on my behalf in requesting emergency medical care for my child.

Parent Signature: _____ Date: _____

COMPREHENSIVE MEDIA WAIVER:

I understand that Governor's Youth Advisory Council activities frequently result in media coverage. I agree to allow my child's photo or statements to reporters to be used in any news account, press release, or media report on Youth-to-Youth activities; whether TV, radio, print, or digital. My child may



volunteer to participate in the production of any radio or video or TV PSA or media appearance associated with The Governor's Youth Advisory Council. My child's photo may appear on the website and they may participate in videos produced by The Governor's Youth Advisory Council and linked to any web site. I understand that the Governor's Youth Advisory Council retains ownership and use rights for these media productions and no compensation is provided. I waive and release for myself and my minor child all rights and claims for compensation or damages for such use of these audio, visual and/or written materials.

Parent Signature: _____ Date: _____

Recommendation

To be completed by person recommending student

Applicants must be recommended by a non-relative adult affiliated with a Drug Free Community, prevention coalition, Public Health Network, Life of an Athlete, school counselor/official, or other club or organization working to address teen substance misuse.

___ I recommend this student to be considered for a seat on the Governor's Youth Advisory Council on Substance Misuse and Prevention.

Recommended by: _____

Organization or group: _____

Email & phone number: _____

Signature: _____ Date: _____

Essay Questions

Please answer the following questions on a separate piece of paper and attach it to this application.

1. Why do you want to serve on the Governor's Youth Advisory Council and what specifically do you think you'll bring to the group?
2. How do you think youth can be involved in addressing substance misuse?

You may answer these questions in either one cohesive essay or in two separate essays, but please do not exceed 500 words in total. We hope to learn about your strengths and weaknesses when assessing your fitness for the Governor's Youth Advisory Council.

