



Please return application to:
Saginaw Community Foundation FORCE
1 Tuscola Street, Suite 100
Saginaw, Michigan 48607

Questions?????
Call Kendra Kempf 989-755-0545

Application Form

General information (please print):

Name: _____ Age: _____

Home address: _____

Home phone: (____) _____ Cell phone: (____) _____

E-mail: _____ Sex: Male____ Female____

Parent(s)/Guardian(s) name(s): _____

Parent phone(s): _____

School: _____ Year of graduation: _____

Please answer the following questions - If you cannot respond, indicate by answering "none".

What 3 words would you use to describe yourself?

1) _____ 2) _____ 3) _____

What attracted you to seek membership in FORCE?

- Social benefit
- Opportunity to learn about the community
- Opportunity to help others
- Membership will look good on my resume
- Other _____

In your view, what are the three top *teen*-focused needs in our community?

1) _____ 2) _____ 3) _____

In your view, what are the three top issues in our community?

1) _____ 2) _____ 3) _____

How did you hear about FORCE?

- Friend
- Church
- Community Center
- School Counselor
- Force Member
- Parent
- Teacher
- Other _____

One of the goals of FORCE is to develop leadership skills for the youth in our community.

Do you currently consider yourself to be a leader? Yes No

School and community activities/Organizations and leadership positions:

Community service/Organizations and leadership positions:

Why would you like to serve on FORCE?

What will you bring to FORCE?

Best way to remind you of meetings:

Facebook Email Text message Mail

ADDITIONAL COMMENTS FOR THE ABOVE MAY BE WRITTEN ON THE BACK OF THIS SHEET.

FORCE member Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

FORCE Medical History:

Name: _____ Age: _____

Emergency Contacts:

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Home phone: _____

Home Phone: _____

Work phone: _____

Work Phone: _____

Cell phone: _____

Cell phone: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Health History:

Check any that apply:

Diabetes Asthma Epilepsy Other: _____

Allergies:

Check any that apply:

Aspirin Bee Sting Penicillin Other: _____

Food: _____

Additional Information:

Precautions to observe:

Current medications (name, purpose, dose):

Additional information:

*I hereby give permission to the Saginaw Community Foundation staff to authorize emergency medical treatment if need be to my child, _____.
(FORCE participant's name)*

Parent/Guardian's Signature

Date

PERMISSION SLIP



The undersigned FORCE participant and/or the undersigned parent or legal guardian of the participant who is under the age of 18, on behalf of himself or herself or the participant under the age of 18, waive(s), release(s) and agree(s) to hold harmless the Saginaw Community Foundation/FORCE members, its affiliates, representatives, agents, officers, board members, employees and volunteers ("The Releasees") from any liability to the undersigned and the personal representatives, heirs, assigns, and family of the undersigned.

This waiver and release of liability by the undersigned of event participants applies to the all FORCE events that the undersigned will participate in, for all loss or damages on account of injury or harm to the participant or to the property of the participant whether caused by the negligence of the Releasees or otherwise.

I also give my consent to the aforementioned organizations to use my name, photograph, portrait, and any likeness in any media form and type of publication, including annual reports and newsletters, and grant to the these organizations any and all rights to said use without compensation. I relinquish and give all right, title and interest I may have in the finished pictures, negatives, reproductions, and copies of the original prints and negatives.

INDIVIDUAL AND/OR PARENTAL CONSENT/WAIVER AND RELEASE OF LIABILITY

The undersigned has/have read this Waiver and Release of Liability and has/have voluntarily signed it, representing and warranting that the participant is at least 18 years of age, or, in the alternative, that the undersigned is the participants parent or legal guardian.

I, _____, give permission for my child, _____ to attend/participate in FORCE events described above and I further agree to all terms of the Waiver & Release of Liability stated herein.

Youth participant

Parent/Legal Guardian

Date



FORCE is a program of the Saginaw Community Foundation