



Porter County Substance Abuse Council
YOUTH LEADERSHIP COUNCIL

Student Application

Student Name: _____

Address: _____

City/State/Zip: _____ Cell: _____

Email: _____

What is your area of academic interest: _____ What is your current class ranking: _____

What is your grade designation: Freshman Sophomore Junior Senior

Are you involved in any clubs, sports, academics or outside activities? If so, please list below

PARENT OR GUARDIAN CONSENT

Parent or Guardian Name: _____

Address: _____

City/State/Zip: _____ Cell: _____

Email: _____

I consent to having my child participate in the Porter County Substance Abuse Youth Leadership Council and partnering school.

Signature: _____

LETTERS OF RECOMMENDATION

Please include a letter of recommendation from each of the following:

- A teacher at your school
- A parent or guardian
- A community leader or your supervisor at work

SEE INSTRUCTIONS AT THE BOTTOM PAGE 2



Porter County Substance Abuse Council YOUTH LEADERSHIP COUNCIL

Photo Release Form

By signing this Release Form, I hereby give Porter County Substance Abuse Council ("PCSAC") and Assigns my permission to use my photo, podcasting, live streaming, social media and video images and likeness (collectively, the "Property") that are sent and/or email to them for general marketing purposes, which may include, among others, advertising, promotion, and marketing, either via print or online, for any of PCSAC's products or services. I also represent that I own or control the Property. I agree that the Property may be combined with other images, videos, text, and graphics and cropped, altered or modified. I agree that I have no rights to the Property, and all rights to the Property belong to PCSAC and/or Assigns.

I agree that I have not received any Consideration for the rights granted in this Release. I acknowledge and agree that I have no further right or claim to additional Consideration or accounting and that I will make no further claim for any reason to PCSAC, its agents, employees, and/or Assigns. In addition, I waive any right to inspect or approve the finished product, including written copy and videos, wherein my likeness appears.

I acknowledge and agree that this Release is binding upon my heirs, assigns and any other person claiming an interest in the Property. I agree that this Release is irrevocable, worldwide and perpetual, and will be governed by the law of the United States.

I represent and warrant that I am at least 18 years of age or Parent/Guardian of Minor, and have read and understood the foregoing statement, and am competent to execute this agreement. I have the full legal capacity and right to execute this release and grant the rights herein granted with respect to the Property and to bind all persons claiming an interest in the Property.

Name of Student _____

Name of Parent/Guardian _____

Signature of Parent/Guardian _____

Address: _____

City/State/Zip: _____ Cell: _____

Email: _____

INSTRUCTIONS

Please save your completed Student Application and Photo Release Form along with letters of recommendation and submit them to Porter County Substance Abuse Council.

eMail to:

Patti Lembcke, AA
Drug Free Communities Coordinator
plembcke@portercountysac.com

Please include as subject line:

"PCSAC Youth Leadership Council Student Application"

or Mail to:

Patti Lembcke, AA
Drug Free Communities Coordinator
Porter County Substance Abuse Council
57 S. Michigan Avenue, Suite 203,
Valparaiso, IN 46383