



## YOUTH IN PHILANTHROPY

### Membership Packet

### Benefits of Youth Volunteerism

- 1. Gain Job Experience**  
Volunteer experience looks great on a résumé. Also, it may lead to a job doing similar work.
- 2. Improve Your Outlook and Boost Your Self-Esteem**  
Volunteering to help others has been shown to reduce stress, instill hope and boost self-esteem.
- 3. Meet Vital Community Needs**  
Helping others learn to read—or obtain basic necessities such as food, clothing or shelter—**makes a real difference in people’s lives. Whether** the project is planting a tree or tutoring children, the community will look and feel better because of your efforts.
- 4. Gain Admission to College**  
Colleges and universities look for applicants who have more than good grades. They look for **well-rounded people who have demonstrated**

their civic- mindedness by volunteering to make a difference in their communities.

**5. Meet New People and Make Connections**

Working alongside others is a surefire way to make friends and expand your network of contacts. Also, employees at organizations where you volunteer can open doors to new opportunities or serve as references when applying for a job or college admission.

**6. Gain New Skills and Develop Talents**

Whether you enjoy working with computers, children or seniors, your interests can be explored through volunteering.

**7. Spread Positive Energy and Hope**

When you volunteer, your positive energy and caring efforts affect the whole community in a constructive way.

**8. Make the World a Better Place**

If you are aware of problems that exist in your community, do something about them. By volunteering, you make a difference and help to make the world a better place.

**9. Personal Growth**

By taking on new tasks, you'll learn more about life, including yours.

**10. It's Fun!**

Volunteering may turn out to be one of your favorite endeavors. Try it and see.

## Terms of Reference - Policy Guidelines

The Youth in Philanthropy program is designed to function within the framework established for secondary schools (i.e., high schools). Each **community's participating** high school(s) will establish one Youth in Philanthropy council at the beginning of the program period (typically between September and December of the school year). The councils are **student-led, autonomous and extracurricular, with two staff advisors** and one Foundation liaison providing guidance and support.

### Council Composition

Each YIP council is open, by application, to all students (grades 9 through 12) **who wish to participate. Generally, the council's enrollment is capped at 20** participants. To achieve the ideal balance of diversity, inclusiveness, talent and leadership, the typical distribution of participants will be as follows: 8 seniors, 5 juniors, 4 sophomores and 3 freshmen. While there is some flexibility with regard to the size and composition of YIP councils, participating schools must demonstrate that the program has student body support based on active participation.

### Membership

Students must complete a brief application to be considered for membership **in their community's YIP council. Depending on the number of students who apply for membership, the selection of council members may be competitive and will be based on the student's: a) academic record, b) demonstrated interest in helping youth and the community, c) willingness to learn about leadership, grant-making and consensus- building and d) ability to meet council obligations.** Each application will be reviewed by a committee **comprised of high school faculty, members of the Community Foundation's Board and staff advisors** to the council.

## Start and End Date

Each council will have an orientation in November, led by Community Foundation staff, which explains program objectives, the council's role as grant-maker, the council's organizational structure, the council's relationship with the Community Foundation and the obligations and expectations of membership.

The council establishes a date in January for an organizational meeting, at which time the council decides on meeting frequency, including the days, times and duration of meetings. Councils are encouraged to meet a minimum of eight times and a maximum of 13 times over the course of a **three- month period. Attendance at 75 percent of the meetings is mandatory.**

## Location of Meetings

Typically, YIP council meetings are held in an appropriate location on a high school campus or at a local community center or town hall. The Community Foundation will assist YIP councils in establishing a safe, convenient and appropriate place to convene.

## Administrative Expenses

The Community Foundation will provide each YIP council with an administrative grant of \$500 to cover annual expenses related to its individual project. At the conclusion of the program, council members will submit a report accounting for the use of these funds. Any unused funds must be returned to the Community Foundation.

## Grant-Making

Each year, the Community Foundation will make a small percentage of the Youth Fund endowment available to the YIP council for the purpose of **grant-making. This money, typically around \$2,500, can be supplemented through the council's own fund-raising efforts. Such fund-raising can take the form of a commercial enterprise (e.g., bake sale, dodge-ball tournament,**

etc.), corporate sponsorships/solicitations and/or private foundation grant requests. All fund-raising is overseen by the Community Foundation and council staff advisors. Grant-making decisions as well as the methodology for determining the organizations or programs that are most deserving of support are determined by the council as part of its annual curriculum.

## Declaration of Principles for Youth Participation in Community Research and Evaluation

1. Youth participation in community research and evaluation transforms its participants. It transforms their ways of knowing, their activities and their program of work.
2. Youth participation promotes youth empowerment. It recognizes their experience and expertise, and develops their organizational and community capacities.
3. Youth participation builds reciprocal partnerships. It values the resources and assets of all age groups, and strengthens supportive relationships among youth and between youth and adults.
4. Youth participation equalizes power relationships between youth and adults. It establishes common ground for them to overcome past inequities and collaborate as equals in institutions and decisions
5. Youth participation is an inclusive approach to diverse democratic leadership. It increases the involvement of diverse groups, especially those who are traditionally underserved and underrepresented.
6. Youth participation actively engages young people in real and meaningful ways. It involves them in all stages, from defining the problem, and gathering and analyzing information, to making decisions and taking action.

7. Youth participation is an **ongoing process, not a one-time event**. Participants continuously clarify the purpose, reflect upon the process and use the findings for action and change.



## YOUTH IN PHILANTHROPY

### Declaration of Commitment

I, \_\_\_\_\_, accept membership in the Youth in Philanthropy program of The Northwest Connecticut Community Foundation for the \_\_\_\_\_ - \_\_\_\_\_ academic year.

By accepting membership, I also pledge to fulfill all associated responsibilities, including:

- To attend meetings on a regular basis and to arrive punctually. If I must miss a meeting, I will notify team members in advance, and I will **respond to all YIP communications requiring a reply, including e-mail** (even simply to acknowledge receipt of such correspondence).
- To participate in and contribute to meetings both through my ideas and my actions, especially when my ideas provide an alternate perspective.
- To respect the ideas of others and to create positive energy within the group.
- To review, in advance of meetings, information that is sent to me so that I may be prepared to make valuable contributions.
- To maintain the confidentiality of information shared during meetings, when appropriate, and not to take contrary opinions and/or decisions personally.

- To acknowledge when I have a conflict of interest and to abstain from voting on those decisions.
- To act responsibly toward the community in which the YIP program functions.
- To understand that any action which reflects negatively on the YIP program and/or the Community Foundation may be considered grounds for review of my continued membership.
- To be a responsible steward of the money allocated for youth in our community. I will form my opinions objectively and without bias so **that decisions reflect the community's best interest.**
- To have fun and enjoy myself as a member of the Youth in Philanthropy program.

---

Student's Printed Name

---

Student's Mailing Address

---

Student's E-mail Address

---

Student's Phone Number

---

Student's Signature

---

Date

**PLEASE PRINT OR TYPE ALL RESPONSES EXCEPT SIGNATURE**





## YOUTH IN PHILANTHROPY

### Application for Membership

NOTE: APPLICATION MUST BE COMPLETED IN PEN OR TYPEWRITTEN.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M \_\_\_\_\_ F \_\_\_\_\_

Parents' Names: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

School: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Please list activities in which you are involved. (Note: Involvement in **additional extra- curricular activities is NOT required to join YIP.**)

<u>School Related Activity</u>	<u>Weekly Time Requirement (e.g., M-W-F, 2 to 4 p.m.)</u>

<u>NON-School Related Activity</u>	<u>Weekly Time Requirement</u> <u>(e.g., M-W-F, 2 to 4 p.m.)</u>

Employment: \_\_\_\_\_

Hours per Week: \_\_\_\_\_

ATTENDANCE AT MEETINGS IS REQUIRED.

Please answer the following questions in a sentence or two. If you need more space, please use the back of this paper or another sheet on which you have written your name.

How or from whom did you learn about Youth in Philanthropy?

---



---



---

What interests you about becoming a member of YIP?

---



---



---

If you could change something in your community today, what would it be? And why?

---



---

---

How would you go about making the change?

---

---

---

Is volunteering important to you? Why?

---

---

---

I, \_\_\_\_\_, understand the purpose and function of The Northwest Connecticut **Community Foundation's** Youth in Philanthropy program. As such, I am prepared to come to meetings on **time, learn about the grant-making process, grow personally, empower myself and** other youth, assess community needs, participate in community service and let my voice be heard.

Signature of applicant: \_\_\_\_\_

Date: \_\_\_\_\_

I, the parent/guardian of \_\_\_\_\_ understand the purpose and function of The Northwest Connecticut Community Foundation's **Youth in Philanthropy program. As such, I support her/him in this** commitment and give permission for full participation in all activities and responsibilities pertaining to her/his duties as a Youth in Philanthropy member.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Mail or Deliver to:**

The Northwest Connecticut Community Foundation Or **e-mail to:**

info@northwestcf.org

Attn: YIP Program 33 East Main St.

P.O. Box 1144 Torrington, CT 06790

**Please write "YIP Application" in**  
subject line.



## YOUTH IN PHILANTHROPY

### Waiver and Release of Liability & Emergency Medical Form

The undersigned Youth in Philanthropy member (and the undersigned parent or legal guardian if the YIP member is under age 18, on behalf of the undersigned YIP member) waive(s), release(s) and agree(s) to hold harmless the Litchfield Community Center and The Northwest Connecticut Community Foundation and their respective agents, officers, board members, **representatives, employees and volunteers (the "Releasees")** from any liability to the undersigned and the personal representatives, heirs, assigns and family of the undersigned for all loss or damages on account of injury to the person or property of the undersigned YIP member relating to attendance at or transportation to or from YIP program meetings and/or **local nonprofit on-site visits, whether caused by the negligence, gross negligence or recklessness of the Releasee or otherwise.** The undersigned have read the Waiver and Release of Liability and voluntarily sign.

*The undersigned YIP member represents and warrants that s/he is at **least 18 years of age OR that the undersigned YIP member's parent or legal guardian has signed below.***

Signature of YIP Member \_\_\_\_\_

Date \_\_\_\_\_

Parental Consent/Waiver and Release of Liability

I, \_\_\_\_\_, hereby give my permission for \_\_\_\_\_ to attend Youth in Philanthropy program meetings and functions and agree to all the terms of the Waiver and Release of Liability stated herein.

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Date



## YOUTH IN PHILANTHROPY

### Emergency Medical Form

#### Instructions:

1. Provide all information requested on this form.
2. Sign at the bottom of the second page.
3. **Attach a copy of your family's insurance card.**

#### YIP member personal information (please print):

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Number & Street) (City) (State) (Zip)

Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Gender: Male \_\_\_ Female \_\_\_

Family Physician's Name: \_\_\_\_\_ Family Physician's Phone: \_\_\_\_\_

#### Emergency contact information (please print):

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Number & Street) (City) (State) (Zip)

Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Relationship: \_\_\_\_\_ Business Phone: (\_\_\_\_\_) \_\_\_\_\_

YIP member health history (check if these apply to you or your child):

Rheumatic fever  Asthma  Epilepsy  Convulsions  Diabetes

Other (explain): \_\_\_\_\_

Allergies:

Aspirin  Penicillin  Bee Sting

Other drugs (list): \_\_\_\_\_

Foods (list): \_\_\_\_\_

Precautions to observe: \_\_\_\_\_

Medications:

Drug	Purpose	Dosage & Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Medical treatment authorization:

The Litchfield Community Center and The Northwest Connecticut Community Foundation must have permission to provide **routine non-surgical medical care** for participants/staff.

Permission also is required to secure certain services which the Litchfield Community Center and The Northwest Connecticut Community Foundation personnel are not equipped to perform. These services **may include x-rays**, laboratory tests and emergency room care. Such services are readily available at nearby community hospitals.

This authorization approves the use of these services when deemed advisable by medical staff. In the event of any medical problems, we will advise the member's parent/legal guardian immediately.

*Note: If YIP member is under 18 years of age, the signature below must be of the parent or legal guardian. If YIP member is over 18 years of age, s/he should sign the authorization.*

I HEREBY GIVE PERMISSION TO THE NORTHWEST CONNECTICUT COMMUNITY FOUNDATION TO SECURE EMERGENCY MEDICAL AND/OR SURGICAL **TREATMENT AND ROUTINE NON-SURGICAL MEDICAL CARE FOR:**

---

Printed Name of YIP Member

---

Signature of YIP Member or Member's Parent/Legal Guardian

---

Date