

Youth Rights Media Intern Application: Winter/Spring 2013



Intern Name: _____

Hobbies/personal interests: _____

Education

Please complete all that apply.

School you are attending:	Grade:
Guidance Counselor	Homeroom Teacher:

Be sure to attach a copy of your current class schedule and your school transcripts.

These are **MANDATORY for participation in the Youth Rights Media program.**

Skills & Interests

Please check all that apply.

What are you interested in doing?

- | | | |
|--|--|---|
| <input type="radio"/> Community Organizing | <input type="radio"/> Music production | <input type="radio"/> Writing and/or Journalism |
| <input type="radio"/> Media Literacy | <input type="radio"/> Office support work | <input type="radio"/> Youth Facilitation |
| <input type="radio"/> Media Production | <input type="radio"/> Visual art and/or graphic design | |
| <input type="radio"/> Mentoring | | |

What have you used before?

- | | | |
|---------------------------------------|--|---|
| <input type="radio"/> Digital camera | <input type="radio"/> Google Docs | <input type="radio"/> Microsoft Word |
| <input type="radio"/> Excel | <input type="radio"/> iMovie | <input type="radio"/> Pro Tools |
| <input type="radio"/> Facebook | <input type="radio"/> Internet search (Google, Bing, Yahoo!, etc.) | <input type="radio"/> Twitter |
| <input type="radio"/> Final Cut Pro | <input type="radio"/> LinkedIn | <input type="radio"/> Video camera |
| <input type="radio"/> Garage Band | <input type="radio"/> Mac computers | <input type="radio"/> Windows Movie Maker |
| <input type="radio"/> Gmail | <input type="radio"/> Microsoft Publisher | |
| <input type="radio"/> Google Calendar | | |

Please provide us with the contact information for two references who are not related to you (for example, a former teacher, mentor, employer, etc.):

Name:	Relationship to youth:
Phone Number:	Email Address:

Name:	Relationship to youth:
Phone Number:	Email Address:

Personal & Contact Information



Youth Contact Information

Full Name:
Home (mailing) address:
City, State, ZIP code:
Email:
Home Phone:
Cell Phone:
Birth Date:
Age:

Parent/Guardian Contact Information

Youth lives with:

- ☐ Mother | ☐ Father | ☐ Legal Guardian | ☐ Grandparent | ☐ Group Home
☐ other (please explain):

Parent/Guardian Name(s):
Home Phone:
Cell Phone:
Work Phone (emergencies only):
Email:
Home (mailing) address:
City, State, ZIP code:

Youth Dietary Considerations

Eligible for the free or reduced lunch program? ☐ Yes | ☐ No

Does the youth have a special diet? ☐ Yes | ☐ No

Youth is:

- ☐ vegetarian ☐ vegan | ☐ pork-free | ☐ dairy-free | ☐ gluten-free
☐ other needs (please explain):

Please describe any food allergies:

Medical Information

This section of the application is to be completed and signed by parents and guardians.
If you are 18 or over, you may sign it yourself.



Emergency Contacts

Please list two people we have permission to contact/release your child to in the event of an emergency.

Name:	Relationship to youth:
Phone Number:	Email Address:

Name:	Relationship to youth:
Phone Number:	Email Address:

Medical History

Has your child had any recent hospitalizations, injuries, chronic illnesses, physical or emotional complaints we should be aware of? ☐ Yes | ☐ No

If yes, please explain:

Does your child have any allergies (food, medication, etc.)? ☐ Yes | ☐ No

If yes, please explain:

Is your child currently on any medication? ☐ Yes | ☐ No

If yes, please explain:

I hereby grant permission to Youth Rights Media for the administration of medication and/or any medical or emergency treatment that may be needed. I also give permission for me/my child to be transported by ambulance or aid car to an emergency center for treatment. In the event that emergency contact cannot be reached, I further consent to the medical, surgical, and hospital care, treatment and procedures to be performed for me/my child by a licensed physician or hospital selected by Youth Rights Media staff when deemed immediately necessary or advisable by the physician to safeguard me/my child's health. I have read, understand and agree to the above listed statement and do sign this agreement of my own free will.

Signature of Parent/Legal Guardian

Print Name

Date

Hold Harmless Release Form

Please read each section carefully and sign for consent below.



I permit my child to participate in the Youth Rights Media program.

I hereby hold harmless Youth Rights Media (YRM), its employees, officers and agents, and any leaders of YRM or its programs from any and all responsibility and liability of any nature that may arise during the program, from circumstances beyond YRM's control.

Insurance: It is the responsibility of every individual, his/her parent or legal guardian to provide for his/her own accident and health coverage while participating in all YRM activities. I understand that YRM does not provide any accident or health coverage for its participants.

Participation: I give permission for my child to participate in activities, field trips, overnight retreats and swimming, and to be transported in buses, vans or private automobiles as authorized by YRM.

Valuables: I understand that personal items that are misplaced or lost at YRM's program are the sole responsibility of the participant.

Media Release: I do hereby consent and agree that Youth Rights Media, Inc. have the right to take photographs, record video and interview me/my child on video camera, and to use these in educational publications and promotional materials relating to the educational productions of Youth Rights Media. I further agree to hold harmless Youth Rights Media and its employees, officers, attorneys and agents from any claims in connection with the video project and curriculum. I consent that the name and identity of me/my child will be revealed therein or by descriptive text or commentary. I waive any rights, claims or interest I may have to control the use of my/my child's identity or likeness in the video and curriculum and agree that any uses described herein be made without any payment, fee, or additional compensation to me.

Does this youth have a history of behavioral or other problems such as substance abuse, involvement with the criminal justice system or mental health issues of which we should be aware?

Please initial. Yes: _____ | No: _____

I have read, initialed and understand the above and have completed it to the best of my ability.

Participant's Name: _____

Participant's Signature (if 18 or over): _____

Parent or Guardian Name (please print): _____

Parent or Guardian Signature: _____

Date: _____

Equipment Agreement for Media Lab Interns & Students



This constitutes as an agreement between Youth Rights Media (YRM) and myself, for both borrowing and using equipment (computer, cameras, hard drives, etc).

- I understand that I am responsible for returning equipment in the condition in which I received it.
- I am responsible for reviewing the status of equipment when I sign it out to ensure that it is in working order. I am solely responsible for this equipment until it is checked back in by a YRM staff member.
- If I keep the equipment out for more than two weeks past the due date, it will be considered lost, and I will be responsible for replacing it.
- When returning equipment, all equipment must be placed properly in its case and all cables must be neatly and properly wrapped. *Poorly wrapped cables shorten the life of the cable, and not putting equipment in its case could cause damage and make me liable for repairs or replacement of that equipment.*
- I understand that I am responsible for equipment that is lost, stolen or damaged while in my care, and I will pay for necessary repairs or replacement. I am also responsible for any administrative and/or shipping fees incurred by YRM when replacing equipment.

Negligence and failure to adhere to these rules could result in the loss of privileges to sign out equipment and/or prevent me from returning to or enrolling in further YRM programs.

YRM equipment is expensive, and we all work hard to maintain it. I will treat it as if it were my own, and I understand the responsibilities that I have to myself and to other borrowers for keeping equipment in working order when it's in my possession.

Intern/Student Signature

Date

Parent/Guardian Signature

Date