



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

## Manor Youth Advisory Commission Application Form

**Year 2025-2026**

*IT MUST BE CLEARLY LEGIBLE*

Please include a current photo of the participant. RETURN TO:

City Staff Liaison · (512) 272-5555 ext. · E-Mail · 105 E. Eggleston St. Manor, TX 78653

**Commented [SK1]:** Mentioning the year here will make it clear that there is an end date to the membership. Can be changed according to the term City Council wants.

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Applicant Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Gender: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian's E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

### Medical Information

Please identify and explain any medical condition, allergies, or special needs that the City Staff Liaison should be aware of: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Emergency Contact Information

Primary Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Secondary Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

### Must be answered by the participant

Have you previously been a participant of the Manor Youth Advisory Commission? If yes, please list the years you were a participant.

\_\_\_\_\_  
\_\_\_\_\_

What activities have you been involved with in the community?

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What are your ideas and goals for helping and improving your community?

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What qualities or skills can you bring as a Commissioner to Manor YAC?

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List other organizations/clubs/teams you are currently a member of:

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Code of Conduct

*This policy applies to all Manor YAC members to ensure that all YAC meetings and activities are conducted efficiently and set standards for the behavior and treatment of fellow YAC members.*

**Commented [SK2]:** Consider attaching the code of conduct to the application. We can have the applicant sign at the end after reading the code of conduct. These points have also been added to the code of conduct.

I, \_\_\_\_\_, understand that the following list includes, but is not limited to, unacceptable behavior and conduct. I agree that corrective action for such infractions can lead up to and including dismissal.

- Fighting, throwing things, horseplay, insults, inappropriate jokes, or other disorderly conduct which may offend or endanger the well-being of any YAC member or guest
- Threatening, intimidating, coercing conduct and/or abusive or vulgar language
- Intentional bodily harm to any citizen
- Insubordination or refusal to comply with instructions or failure to perform reasonable duties
- Damaging or destroying YAC property through careless or willful acts
- Conduct which reflects adversely on YAC and/or the City of Manor
- Discourteous treatment of the public or other YAC member

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant Disclosure

**Commented [SK3]:** If City Council wishes, we can add some space for a description of their conviction. In case students have a misdemeanor conviction for say a traffic charge, they can disclose it here and a decision can be made as to whether the applicant moves forward or no.

By signing below, I affirm that I do not have a criminal history, criminal convictions, pending criminal charges, or outstanding warrants. I understand that providing false information may result in removal from the Youth Advisory Commission immediately. By signing below, you are confirming this statement is true to the best of your knowledge. For applicants under 18, a parent or guardian must also sign below to confirm the statement is true to the best of their knowledge.

Applicant Name (Print) \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Parent/Guardian Name (Print) \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_





**Manor Youth Advisory Commission  
Participation/Permission Slip/Waiver  
Oct. 1, 20\_\_ – Sept. 30, 20\_\_**



I, \_\_\_\_\_, the parent of \_\_\_\_\_, give my child permission to participate in the City of Manor Youth Advisory Commission (YAC) activities or events from October 1, 20\_\_ to September 30, 20\_\_.

I agree that I will waive any right of contribution and shall indemnify and hold harmless the City of Manor and its elected officials, officers, and employees, and the Youth Advisory Commission, both in their public and private capacities from and against all claims, damages, losses, and expenses, including but not limited to attorney's fees arising out of or resulting from or in connection with my child/ward's behavior or action, and my behavior or actions.

This waiver is intended to cover all acts or omissions of the City of Manor and its elected officials, officers, and employees, regardless of whether such act or omission is the result of an intentional, reckless, or grossly negligent act. By signing this waiver, I intend to bind my heirs, executors, administrators, and assigns.

I further agree and will not hold the City of Manor or the Manor Youth Advisory Commission liable in case either of us is injured or involved in any type of accident.

I further agree and represent that no promise, inducement, or agreement not herein contained or expressed has been made to me that this release contains the entire agreement between the parties hereto and that the terms of this release are contractual and not merely a recital.

I grant the City of Manor Youth Advisory Commission permission to reprint my son/daughter's photograph and to use videos of my son/daughter for Youth Advisory Commission publications, Websites, electronic and digital media, publicity, advertising, and/or the calendar. All photographs/videos will remain the property of the City of Manor Youth Advisory Commission. The photographs/videos may be taken and used without my knowledge or payment.

I also grant the City of Manor Youth Advisory Commission to identify my son/daughter with their full name in the aforementioned communications.

In case of an emergency, I grant permission for a licensed physician to treat my child.

I have read this document and understand all its terms and contents. I execute it voluntarily, and I specifically affirm and warrant that I fully understand all matters set forth herein.

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

Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_