

2017-2018 MEMBERSHIP APPLICATION INSTRUCTIONS

Through a variety of volunteer projects and special events, the VNA Meals on Wheels Teen Board's objective is to assist VNA Meals on Wheels in feeding the hungry and spreading awareness about senior hunger. The VNA Meals on Wheels Teen Board offers 8 general meetings a year (September-April) of which you must attend at least 5. Each member is also required to participate in at least 5 service opportunities (3 route deliveries; 2 non-delivery activities) throughout the year to maintain your status as an active member. Routes can be completed over the summer or during school breaks. You will receive community service hours for delivering meals as well as participating in service events and general meetings.

Please submit the following to the address listed below:

- Completed application
- Signed Parental Consent Form
- A \$40 non-refundable membership fee is due at the September meeting, cash or check made payable to VNA. Please do not mail dues in with this application. Dues will establish the general operating budget for the Teen Board. Financial Aid Scholarships are available based on need. Please contact Melanie Crommett for more information.

Submitting an application does not guarantee membership. Applications will be reviewed based on answers submitted as well as in the interest of creating a balanced, diverse membership.

Please return all application materials by July 1st.

Mail:	Scan and email:
VNA Meals on Wheels	crommettm@vnatexas.org
Attn: Teen Board	
1440 W Mockingbird Lane	Fax:
Dallas, TX 75247-4975	214-631-7574

You will receive word on the status of your application via email by mid-August. The first general meeting is tentatively scheduled for Sunday, September 10, 2017. For questions or more information, please contact Melanie Crommett at 214-689-2685 or <u>crommettm@vnatexas.org</u>.

TEEN BOARD MEMBERSHIP APPLICATION

Name:	
Street Address:	
City:	State: Zip Code:
Cell Phone:	Home Phone:
Email:	
School:	Grade in 17/18 School Year:
Gender: T-Shirt Size:	Birthday:

I confirm that all of the provided information is true and current to the best of my knowledge. I understand that my participation in the VNA Meals on Wheels Teen Board includes attending a minimum of 5 general meetings and 5 service opportunities (3 routes deliveries; 2 non-delivery activities) over the course of the 2017-2018 year to maintain active status.

Applicant Signature:	Date:
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Parent Signature:	Date:

Please answer each of the following questions. This is to help us better get to know you. These questions should be typed and submitted with this application. You should be creative and concise in your responses.

- 1. What has made you want to join the VNA Meals on Wheels Teen Board when there are so many ways to get involved in our community?
- 2. Have you ever delivered meals or participated in another project with VNA Meals on Wheels? If so, describe your experience.
- 3. Describe your extracurricular interests and any other commitments you have for the upcoming school year.
- 4. Based on your prior service/experience, describe a project you enjoyed or felt was wellorganized and very impactful?

Were you a member of the 2016-2017 VNA Meals on Wheels Teen Board? ____yes ____no

1. If you were a member of the 2016-2017 Teen Board what feedback do you have on your experiences over the past year?

VNA Meals on Wheels Teen Board Parental Consent Form

In the event of a medical emergency and efforts to reach the parent or guardian are not successful, I also authorize the VNA Meals on Wheels of Dallas, and its adult agents, employees or representatives into whose care the volunteer has been entrusted to consent to any X-RAY, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to the volunteer under the general supervision of the Medical Practice Act or to consent to any X-RAY, examination, anesthetic, dental or surgical diagnosis to treatment and hospital care to be rendered to the volunteer by a dentist licensed under the provision of the Dental Practice Act.

I hereby consent to the use of my/my child's name, likeness, and speech in any audio tape, video tape, film or photograph made in any VNA Meals on Wheels of Dallas and the VNA Meals on Wheels Teen Board activity for the business or publicity purposes of VNA Meals on Wheels of Dallas. I understand that any participation offers no remuneration and that my child's name, likeness and speech may be edited, produced, recorded for duplication and distribution throughout the United States and abroad. I expressly release VNA Meals on Wheels of Dallas, its licenses, assignees, affiliates and successors from any privacy, defamation, or other claims I may have arising out of broadcast, exhibition, publication, or promotion of this program.

Signature (Parent or Legal Guardian of Youth Volunteer)

Date

Parent' Name (please print):	
Parent's Email:	
Parent's Cell:	
Preferred Hospital in case of emergency:	_