



Membership Application

Contact: Loretta Cohen, MSW
mobilizer@wccctc.org

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Cell Phone: _____ Email _____

School Name: _____ Grade.: _____

Please add me to your group text? YES NO Please add me to your email list? YES NO

Have you ever volunteered with us before? YES NO

Please list any special skills, interests or hobbies?

Please list any physical conditions or illnesses that could affect your ability to participate safely.

Emergency Contact Info.

Full Name: _____ Relationship: _____

Email: _____ Cell Phone: _____

Address: _____ Home Phone: _____

Parent/Guardian Info, (if different from above)

Full Name: _____ Relationship: _____

Email: _____ Cell Phone: _____

Address: _____ Home Phone: _____

**West Chester Area Communities That Care
General Liability Waiver, Medical Authorization and Content Use Consent**

I understand that participation in THRIVE which is sponsored by West Chester Communities That Care (WCCTC) is voluntary. I hereby release, hold-harmless and waive all claims associated with this activity which I may have against West Chester Communities That Care, its employees, officers, directors, agents, volunteers and members.

I consent to the provision of emergency medical treatment as deemed necessary by program staff and volunteers. And, I accept financial responsibility for such treatment.

I understand that my child will be expected to provide their own transportation and that carpooling arrangements among students and families is at the sole discretion of the individual and his/her parent/guardian.

I understand that I/my child may write content and create marketing materials that will be incorporated into campaigns which may be reproduced on posters, billboards, radio/TV commercials, newspapers, social media sites and more and all content will be owned in perpetuity by WCCTC.

I acknowledge that all youth participating in WCCTC/THRIVE activities must abide by local health mandates, including any current public health guidelines of wearing masks and maintaining 6 feet of physical distance between people.

Name of Participant (please print): _____ Age: _____

Signature: _____ Date: _____

If participant is under 18 years of age, this release must be signed by a parent or guardian.

Parent/Guardian Name: _____

Signature _____ Date _____

**West Chester Area Communities That Care
Media Release**

I understand that I/my child may be photographed or video recorded while participating in THRIVE meetings and events, and that photographs may be published and video recordings may be broadcast. I recognize that my/my child's name may be shared publicly in support of the program.

Please **check only one** of the following:

_____ I give my permission for my/my child's name to be shared and/or photo to appear in West Chester Area Communities That Care and THRIVE publications, newspaper articles, TV Cable shows, web pages, calendars and/or annual report, etc.

_____ I do not give permission for my/my child's name and/or photo to be shared or used in the above-mentioned publications.

Name of Participant (please print): _____ Age: _____

Signature: _____ Date: _____

If participant is under 18 years of age, this release must be signed by a parent or guardian.

Name of Parent/Guardian: _____

Signature _____ Date _____

Return completed forms to Loretta Cohen at mobilizer@wcctc.org.