



## Marshfield Area Coalition for Youth Youth Initiatives Application

Youth Initiatives is a group of Marshfield Area Coalition for Youth (MACY) and Marshfield Clinic. Youth entering grades 9-12 are encouraged to apply to Youth Initiatives. The goal of Youth Initiatives is to educate and motivate young leaders to take an active role in reducing substance abuse in Marshfield. Youth will be expected to attend meetings, participate in activities and attend a leadership retreat. Youth Initiatives will create a yearly action plan to implement in their respective schools.

Please type or print student's information in the application. Complete all information using only this form. Submit form to: Marshfield Clinic Center for Community Outreach, 1000 N Oak Ave (F1C), Marshfield, WI 54449, Attn: MACY

(Name) Last	First	Middle Initial	Preferred Name
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Address	City	State	Zip
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Home Phone	Cell phone	Email address
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School	Grade	Date of Birth
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Parent/Guardian Contact #1	Phone Number
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Parent/Guardian Contact #2 (optional)	Phone Number
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**Please list 2 References**

Reference	Email	Phone Number
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Reference	Email	Phone Number
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**Describe any school and/or non-school related activities in which you have participated during the last two years.  
(athletic/community/civic/religious/scouting, etc.)**


(Over)

**Why do you want to take a leadership role in reducing substance abuse in Marshfield?**

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**What can you do to become a leader within your school and community?**

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**Describe a special gift or talent you have:**

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**Describe a time when your actions positively impacted a person, your school, or your neighborhood:**

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Student Signature

Date

**Parent or Guardian, upon agreement please initial the following and sign:**

\_\_\_\_\_ I give permission for my dependent to ride to and from MACY Youth Initiatives events/meetings with Marshfield Clinic staff or a Youth Initiatives member student.

\_\_\_\_\_ (If applicable) I give permission for my dependent to drive to and from Youth Initiatives events and meetings. My child has a valid driver's license and has proof of insurance.

**Video/Photo Release:**

\_\_\_\_\_ I consent to the use, for news release publication, website use, and education purposes by Marshfield Clinic, Marshfield, Wisconsin and publications who the forgoing may authorized, of my dependent's name, photographs and/or videotapes and/or digital manipulations and shall remain the property of Marshfield Clinic or publications authorized by Marshfield Clinic.

\_\_\_\_\_ I give consent for Marshfield Clinic to obtain medical treatment for my dependent at an appropriate medical facility in case of illness or injury. I agree to hold harmless and indemnify the Marshfield Clinic; their officers; employees and agents; from any and all liability, loss, damages or expenses which are sustained or required arising out of the transportation of my dependent in this program and/or arising out of the actions of my dependent during an event.

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Parent/Guardian Signature

Date

By signing above, I agree to have read the information on Youth Initiatives and am willing to have my dependent participate. I understand that participation at all sessions is highly encouraged. This consent will remain valid until my dependent is no longer participating in Youth Initiatives.