RIVERSIDE COUNTY

SUPERVISOR YXSTIAN GUTIERREZ

Fifth District Youth Advisory Council

2026 - 2027 Council Year

YOUTH ADVISORY COUNCIL APPLICATION

Please send applications to:
Youth Commission Coordinator
Email: vpodakova@rivco.org

Note:

- Please make sure student email and cell phone number are correct
- Please include student information first, and parent/guardian information on the respective form
- You will be asked to participate in a brief interview

Please print legibly or type: _____

Name: _____

Address: _____

City: _____ **Zip code:** _____

Home phone number: (___) _____ **Cell phone number:** (___) _____

Birthday: _____ **Grade Level 2025-2026:** ____

High School: _____

E-mail address: _____

Did someone refer you? _____

Signature_____ **Date**_____

High schools located in the Fifth District of Riverside County:

Banning High School	Beaumont High School	Canyon Springs High School	Glen View High School
The Academy Of Innovation (K-12)	March Mountain High School	Moreno Valley High School	Nuview Bridge Early College HS
Alessandro Continuation (11-12)	West Valley High School	New Horizons High School	Rancho Verde High School
Valley View High School	Vista Del Lago High School	Western Center Academy	Beaumont Unified School District: Middle College High School
Mountain Heights Academy	Mountain View High School	San Jacinto Leadership Academy	San Jacinto Middle College High School
Tahquitz High School	Hemet High School	Hamilton School (6-12 grade)	

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Please answer the questions below to the best of your ability.

1. If the Youth Advisory Council offers in-person meetings, community service projects, and special events during the 2026–2027 term, would you be able to participate?

☐ Yes, I can regularly attend in-person activities.

☐ Yes, but my availability may be limited due to school, work, sports, or other commitments.

☐ No, I would have difficulty attending in-person activities.

If your availability is limited, please explain:

_____

_____

_____

2. The Fifth District Youth Advisory Council typically meets twice per month and requires members to participate in at least one community service event each month. Do you feel you can meet these participation requirements?

☐ Yes

☐ Maybe

☐ No

Please explain any potential scheduling conflicts or commitments that may affect your participation:

_____

_____

_____

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COUNTY OF RIVERSIDE YOUTH COMMISSION
PARENTAL CONSENT AND WAIVER OF CLAIMS

I hereby request that my child (*name*) _____ be permitted to participate in the Riverside County Youth Commission program activities. My child is currently in good physical and medical condition. In the event that my child becomes ill or injured, he or she may receive First Aid.

In case of an emergency, my child may be admitted to a hospital. I agree to hold harmless the County of Riverside, its officers, agents and employees for medical aid rendered. I will also reimburse the County of Riverside for medical or other expenses incurred for medical aid on behalf of my child.

I understand and acknowledge that the County of Riverside does not provide medical insurance for Youth Commission activity participants. I hereby release the County of Riverside, its officers, agents and employees from all liability, demands or claims from any loss, damage or injury resulting from participation in the Riverside County Youth Commission, and do hereby give consent for my child to receive emergency treatment.

Date: _____ _____

Signature of Parent or Guardian

Address: _____

_____

City Zip Code

Day Phone ( ) _____ Evening Phone ( ) _____

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CHILD'S MEDICAL INFORMATION

Doctor: _____ Phone ( ) _____

Existing Medical Conditions: _____

_____

Allergic To: _____

Special Needs: _____

_____

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COUNTY OF RIVERSIDE YOUTH COMMISSION
PARENTAL CONSENT FOR TRANSPORTATION

I hereby request that my child (*name*) _____ be permitted to receive **transportation to and from** program activities of the Riverside County (1) Youth Retreat (2) District Youth Advisory Councils, or (3) Youth Commission, as may occasionally be necessary.

I understand and acknowledge that transportation will be provided in passenger vans owned by the County of Riverside and operated by adult County staff members. I consent to this arrangement and hereby waive all claims against the County of Riverside, its officers, agents and employees for any injury, accident, illness, or death occurring during or by reason of the transportation so provided for my child.

Date: _____ _____
Signature of Parent or Guardian

Address: _____

_____
City Zip Code

Day Phone ( ) _____ Evening Phone ( ) _____

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Photo Release

I hereby give the Riverside County Board of Supervisors and the Youth Coordinator permission to use my name, statement, photograph, and likeness for promotional, advertising, and media purposes. My picture may be used alone, as a member of a group, in a composite, or in such other manner as will most favorably serve to promote and advertise the Youth Commission and the Youth Advisory Council. My picture may be used with my name, without my name supporting the Youth Commission and/or Youth Advisory Council. I agree there will be no compensation to me for the use of my image now or in the future.

Please Print or Type:

_____
Date

_____
Name

_____
Signature

_____
Address (Street, City, Zip Code)

_____
Legal Guardian Name (if under 18 years of age)

_____
Legal Guardian's Signature

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Participation Contract

This contract establishes that on this day hereafter, referred "YAC Member", has met with a YAC coordinator and reviewed terms and conditions of the Riverside County 5th District Youth Advisory Council (YAC) attendance expectancies.

To maintain a membership with the Riverside County 5th District YAC, the YAC Member agrees to:

- Attend one (1) YAC meeting per month.
- Attend one (1) YAC service event per month.
- Actively communicate with the YAC Coordinator regarding attendance concerns or conflicts.

Event Attendance Policy

- Members are required to attend at least one (1) YAC-approved service event each month.
- If a member is unable to attend a service event, they may be eligible for an alternative service opportunity at the discretion of the YAC Coordinator.

YAC Meeting Attendance Policy

- All meetings are required, excused absences are permitted if submitted to the YAC Coordinator prior to the meeting whenever possible.
    - Excused Absences include doctor's note, parent letter, and school activities.

Unexcused Absence and Strike Policy

Members who fail to attend required meetings or service events without prior approval may receive an unexcused absence.

The following progressive discipline process will be used:

Strike 1

- First warning issued by the YAC Coordinator.

Strike 2

- Second warning issued by the YAC Coordinator.

Strike 3

- Final warning issued by the YAC Coordinator.
- The member will be contacted regarding their standing in the program and provided an opportunity to discuss continued participation.

Communication Expectations

Active communication is a requirement of YAC membership.

If a member becomes inactive or unresponsive, the YAC Coordinator will attempt to contact the member through email, text message, phone call, or other approved communication methods.

If a member does not respond after three (3) separate communication attempts from the YAC Coordinator, they may be removed from the program.

Removal from the Program

A member may be subject to removal from the Riverside County Fifth District YAC if they:

- Accumulate three (3) unexcused absences.
- Fail to complete approved make-up service opportunities when assigned.
- Become unresponsive after three communication attempts by the YAC Coordinator.

For more information, questions, or concerns, please contact me at vpodakova@rivco.org

- Fail to meet participation expectations outlined in this agreement.

The YAC Coordinator reserves the right to review individual circumstances and make final determinations regarding attendance, make-up opportunities, and membership status.

I, _____, agree to the terms described above.
(First and Last Name)

I understand that the Attendance Contract is subject to change at the Youth Advisory Council Coordinator's discretion at any time. **I understand that as a YAC Member, should I fail to follow these requirements, the Youth Advisory Council may terminate my position at the Youth Advisory Council Coordinator's discretion.**

_____
(YAC Member's Signature)

_____
(Parent or Guardian Signature)