



Kansas DropINs Youth Council

During the 2007-2008 school year, 3,515 Kansas students dropped out of school. That was 3,515 too many. When students drop out of school they are putting themselves at a severe disadvantage for the rest of their lives. Kansas DropINs is committed to seeing that all Kansas children graduate from high school. But we can't do it alone. We need you.

No one knows this issue as closely or with the same perspective as you. No other member of our schools or of our community knows the daily experience of starting at home, going to school, spending the day in a classroom, spending after-school hours in the community and returning home every single day. Perhaps you are struggling in school, know someone who has dropped out or have dropped out yourself. No matter your circumstances, your story is important to us. We want to hear from you.

The Kansas DropINs Youth Council provides Kansas youth (ages 12-21) a voice in the dropout prevention discussion. The Council is composed of 16 youth who represent eight regions of the state. Two youth are chosen to represent each of the eight regions (see below).

Members of the Youth Council are expected to attend the following four meetings:

1. Aug. 8th - Youth Council Training session in Junction City, KS
2. TBA- Regional Pre-Summit
3. Oct. 20th - Kansas Dropout Prevention Summit in Wichita, KS
4. TBA- Regional Post-Summit

At the Youth Council training you will learn more about Kansas DropINs and our plan for the state. At the regional pre and post summits (which will be held within each region) you will have an opportunity to serve as the Youth Liaison between your local communities and Kansas DropINs. Your comments and ideas will be especially important during this regional planning time. At the Dropout Prevention Summit in Wichita there will be many opportunities for you to help. We will need youth to serve on a youth panel, assist in breakout sessions, help at the registration table, introduce keynote speakers and manage the half-day youth summit. We will also be conducting a youth survey across the state that we will need assistance with and there will be opportunity to write written reflections for a short publication we will be creating.

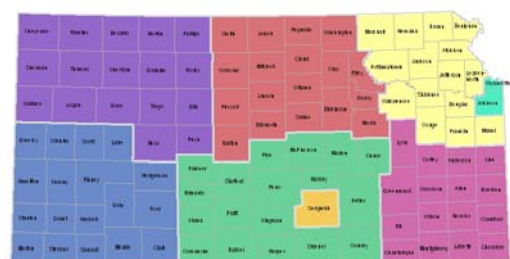
For your participation on the Youth Council we will provide you mileage reimbursement for all four meetings (\$0.505 per mile), a t-shirt and a small monetary stipend.

If you are under the age of 18, you must have an adult sponsor (age 21+) escort you to the Aug. 8 training session and Oct. 20 summit. The adult sponsor will be paid the mileage for these events. You will be allowed to attend the regional meetings without an adult sponsor, but are certainly welcome to bring one if you choose.

If you have questions, please contact:

Jessica Noble
Kansas DropINs Coordinator
1-785-296-1521
jnoble@kdheks.gov

Eight Kansas Regions



Kansas DropINs Youth Council

Membership Application

This application consists of five parts. Part I, II must be completed by the youth applicant; Part III, IV and V by the parent or legal guardian (if the youth applicant is 18 or older, they will fill out sections III, IV and V themselves). Upon completion the youth applicant must forward this application by **June 30, 2009** to the **Kansas DropINs Youth Council, attn: Jessica Noble, 1000 SW Jackson Suite 540, Topeka KS 66612, or jnoble@kdheks.gov, or fax to (785) 368-6368.**

I. Personal Information (please print)

Your Contact Information

Name			
Age			
Street Address			
County			
City		Zip Code	
Home Phone			
Cell Phone			
E-Mail Address			
T-Shirt Size			

Your Parent/Guardian's Contact Information (if applicant is younger than 18)

Name			
Street Address			
City		Zip Code	
Home Phone			
Cell Phone			
Work Phone			
E-Mail Address			

II: Short Answer Questions

Please answer the following questions. If you wish, you may separately attach the answers to these questions in essay format.

Why are you interested in joining the Kansas DropINs Youth Council?

What does the word "dropout" mean to you?

Section III: Medical Information

***If you are 18 or older you are not required to fill out this form, however it would be very helpful if you would do so anyways.**

If your child (or applicant) has allergies, medication needs, or any other medical condition we need to be aware of during meetings, please complete the information below.

Youth Name _____

Medical Information/Needs that **require** monitoring _____

Allergies to food/medicine _____

In order to dispense medication we need to know:

1. Condition for which it is given: _____
2. Exact name of medication: _____
3. Dosage: _____
4. When it should be given: _____

If your child takes medication, please include all prescription and/or over-the-counter medication in its original container and include any items (inhalers, spoons, cups, etc.) which will be needed to properly dispense the medication.

*** If your child typically self-medicates, please indicate your permission for him/her to do so while attending Kansas DropINs Youth Program Events.**

My child _____ has permission to administer his/her own medication during Kansas DropINs Youth Program Events.

Signature of Parent or Legal Guardian

Date

If my child requires emergency medical treatment, I understand that Kansas DropINs/KDHE personnel will make a reasonable attempt to contact me to seek my permission to authorize that treatment. To facilitate contacting me, I agree to provide current work and home phone numbers.

Emergency Contact Name

Relation to Child

Emergency Contact Home Phone

Emergency Contact Work Phone

Section IV: Publicity Consent and Release Agreement



Mark Parkinson, Governor
Roderick L. Bremby, Secretary

www.kdheks.gov

Publicity Consent and Release Agreement

Individuals/students/minors are occasionally asked to be a part of Kansas DropINs/Kansas Department of Health and Environment (KDHE) publicity, publications and/or public relations activities. In order to guarantee their privacy and ensure their agreement for participation, Kansas DropINs/KDHE asks that this form be signed.

The form referenced below indicates approval for their names, portraits (video or still) and words, to appear in Kansas DropINs/KDHE publications, videos or on Kansas DropINs/KDHE Web sites. These pictures and articles may or may not personally identify the individuals/students/minors. The pictures, videos and/or words may be used by Kansas DropINs/KDHE in subsequent years.

Agreement

I release to Kansas DropINs/KDHE my, or the minor's child name, portraits (video or still) and/or words and consent to their use by Kansas DropINs /KDHE.

Kansas DropINs/KDHE agrees that the name, portraits (video or still) and/or words shall only be used for any public relations, public information, publicity, Web sites and instruction.

The undersigned understands and agrees that:

- No monetary consideration shall be paid;
- Consent and release have been given without coercion or duress;
- This agreement is binding upon heirs and/or future legal representatives;
- The name and portraits (video or still) may be used in subsequent years.

Effective Date of Agreement: ___ ___ / ___ ___ / ___ ___ ___

If you wish to rescind this agreement you may do so at any time with written notice.

Name: _____

(Print student's name as you wish it used)

Signature: _____ **Relation to Youth:** _____

(Parent or legal guardian must sign for minor)

Section V: Parent/Legal Guardian Consent Form

***If you are 18 or older, please skip to part C**

A.) Permission to Seek Membership on the Kansas DropINs Youth Council

_____ (youth name) is interested in becoming a member of the Kansas DropINs Youth Council and I support and authorize his/her participation, if selected. I understand that I am responsible for arranging for the transportation of my child to and from any Council meeting or event if he/she is under the age of 18.

B.) Release from Liability

I, the undersigned, expressly release the Kansas DropINs Youth Council/KDHE, and any of its members, any participating public official, or any other participating agency/organization from any and all claims, which may arise during the term of my child's membership.

Signature of Youth Applicant

Date

Signature of Parent or Legal Guardian

Date

C.) Release from Liability

I, the undersigned, expressly release the Kansas DropINs Youth Council/KDHE, and any of its members, any participating public official, or any other participating agency/organization from any and all claims, which may arise during the term of my membership.

Signature of Applicant

Date