

# Parental/Guardian Consent Form – Youth Advisory Council – ONTARIO Region

(for use by applicants under the age of 18)

The CODA Youth Advisory Council is a collective of representative community youth leaders passionate about the prevention of youth drug abuse in their school and communities. Participation in the CODA YAC provides youth with the opportunity to have an active role in addressing drug abuse issues and having their voices heard on a regional and national level.

YAC members will act as advisors to CODA to ensure the relevancy of their programming and advance peer to peer learning and communication. YAC members will collaboratively take on several projects of various scales, organize activities and events to raise awareness of substance abuse, and build the capacity of peers and community members to prevent drug abuse. All YAC members will also qualify to apply for the CODA YAC national summit which will see the gathering of YAC members from across the country.

Proudly, your son / daughter wishes to be considered for membership to the Council on Drug Abuse – Youth Advisory Council. This form is to solicit your consent and give him/her permission to serve in that capacity, if accepted.

I understand that he / she will need to meet all the requirements for this position, including: meeting and conference attendance (where applicable) and adhere to the policies, procedures and code of conduct of the CODA YAC.

By signing below, you indicate and affirm the following:

Initial

***I understand that my son / daughter, where applicable may be required to attend regional meetings and annual YAC conference that may require over nights stay in Toronto.***

Initial

***I understand that he / she will not receive monetary compensation for their contribution, involvement and participation.***

Initial

***I understand that photos of my son/daughter may be used in CODA YAC promotional materials including website, media, brochures and other publications.***

Initial

***I am giving consent and permission to my daughter/son to participate in the CODA YAC as per the disclaimers above, if his/her application is successful.***

\_\_\_\_\_  
Applicant Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Thank you and good luck with the application.