



(please print)

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Home address: \_\_\_\_\_  
(Number & Street) (City) (Zip)

Home phone: \_\_\_\_\_ Male\_\_\_\_ Female\_\_\_\_ E-mail: \_\_\_\_\_

It is \_\_\_\_\_ or is not \_\_\_\_\_ okay to receive notices by text. Cell phone: \_\_\_\_\_

School: \_\_\_\_\_ Year of graduation: \_\_\_\_\_ Grade: \_\_\_\_\_

I accept the position as a volunteer member of ChangeMakers of the Greater Round Rock Community Foundation. By accepting this position, I also pledge to accept and follow-through on the responsibilities that come with this position:

- \* To attend meetings on a regular basis. If I have to miss a meeting, it will be an exception to my regular attendance and I will call ahead or email if at all possible. I understand that a certificate will be awarded to those attending at least six of the eight meetings.
- \* To read and respond to email or other communication from the Foundation in a timely manner.
- \* To complete any assignments for which I am responsible and arrive prepared for meetings.
- \* To be a responsible steward of the money allocated for youth in our community. I will form my opinions objectively and without bias so that decisions made reflect the community's best interest.
- \* I understand that action which reflects negatively on ChangeMakers and/or the Foundation may be considered grounds for review of my continued membership.
- \* ***By signing below, I give permission for the use of pictures/videos of me may be shared in brochures or via social media.***

We will provide letters of reference (for college admission or employment) upon request based on active participation of member.

**Students, please sign and date below**

_____ Signature	_____ Date
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**Parent Permission and Signature**

I understand that my child will be participating in the ChangeMakers Giving Circle and that membership in the ChangeMakers requires my child to attend meetings from 6:30-8:30pm on the second Monday of the month October through May at First United Methodist Round Rock. I understand that my child is committing to two days of community service as well with the ChangeMakers. I understand that I am solely responsible to ensure my child's safe and timely drop off and pick up from First United Methodist and at the two days of community service. I acknowledge that the Greater Round Rock Community Foundation is not responsible for the safety or wellbeing of my child after the scheduled close of meetings or community service. I willingly give my child permission to participate in the ChangeMakers and all related activities. I understand that pictures of my child may be used in brochures, in videos and/or on social media sites.

_____ Signature	_____ Printed Name	_____ Date
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