

**Application/Registration for Membership  
(New and Returning Members)  
ADAP Youth Leadership Council  
2017 - 2018  
Please PRINT clearly**

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Email \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Contact info: Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Parent/Guardian Commitment:** Parent/guardian meeting highly recommended, Monday, November 6 at 6 pm.

**Member commitments:**

1. YLC members must attend the monthly meetings. (Two excused absences are allowed.)
2. Participation in ADAP projects is REQUIRED including Red Ribbon Week, Pre-prom event & Rides for Lives.
3. Confidentiality: Members respect the privacy of others in the group.
4. Meeting Dates: Oct. 2, Nov. 6, Dec. 4, Jan. 8, Feb. 5, Mar. 5, Apr. 2, May 7, June 4 (possible make-up or end of year party depending on school calendar).

**User Fee: \$75.** Please make check payable to ADAP of Weston.  
For financial assistance please contact Sitta Harris, ADAP Treasurer at 203 856 0203.

I have read and agree to the “parent/guardian commitment,” and have reviewed the “member commitment” listed above with my YLC applicant.

Parent/Guardian signature \_\_\_\_\_

I have read and agree to the “member commitment” and I have shared this information with my parents.

Student signature \_\_\_\_\_

**Mail to: ADAP of Weston, PO Box 1241, Weston, CT 06883**