

**A. YOUTH LEADERSHIP CONFERENCE** *(PLEASE PRINT)*_____
*FULL NAME OF YOUTH LEADERSHIP CONFERENCE*_____
*YLC CODE*_____
*DATES OF YLC***B. ACKNOWLEDGEMENT** *(REQUIRED)*

1. The following guidelines apply to all adults (18 and older) regarding the supervision of and interaction with high school students attending the Youth Leadership Conference (YLC) cited above. Read and become familiar with each reference.
2. To be eligible to participate in the YLC cited above, adult volunteers must certify that they have read, understand and will comply with the following guidelines:
 - a. MOWW Policy Manual, Appendix R, "PEP Volunteer & Youth Protection," and
 - b. MOWW Policy Manual, Appendix S, "Conducting YLCs", Paragraph 10 ("Background Investigations & Youth Protection Training")
3. By my signature below, I certify that I have read and understand the guidelines cited above governing my participation as an adult YLC staff member or as a guest working directly with the YLC students. I agree to abide by all YLC guidelines, realizing that the safety and security of the students must always be our most important concern.

C. ADULT ACKNOWLEDGEMENT *(PLEASE PRINT & SIGN)*_____
*FULL NAME OF ADULT VOLUNTEER*_____
*ADDRESS (NUMBER, STREET, CITY, STATE AND ZIP CODE)*_____
*AREA CODE & TELEPHONE NUMBER*_____
*EMAIL*_____
*SIGNATURE OF ADULT VOLUNTEER*_____
*DATE (MONTH / DAY / YEAR)***D. YLC DIRECTOR** *(PLEASE PRINT & SIGN)*_____
*FULL NAME OF YCLC DIRECTOR*_____
*ADDRESS (NUMBER, STREET, CITY, STATE AND ZIP CODE)*_____
*AREA CODE & TELEPHONE NUMBER*_____
*EMAIL*_____
*SIGNATURE OF YLC DIRECTOR*_____
DATE (MONTH / DAY / YEAR)