

UChoose Parent And Caregiver Council Application

How to apply...

- Complete the attached application packet to help us learn more about you!
- Submit your packet to the email or mail address provided.

I. ABOUT YOU

FULL NAME _____

PRONOUNS (EX. HE, SHE, THEY ETC.) _____ AGE _____

HOME ADDRESS _____

WHAT NEIGHBORHOOD DO YOU LIVE IN? _____

BEST PHONE NUMBER TO REACH YOU AT: _____

EMAIL ADDRESS _____

WHAT ARE YOUR HOBBIES AND/OR INTERESTS? _____

WHAT LANGUAGES ARE SPOKEN IN YOUR HOME? _____

HOW MANY CHILDREN DO YOU CARE FOR? WHAT ARE THEIR AGES? _____

II. MORE ABOUT YOU

PLEASE ANSWER EACH OF THE FOLLOWING QUESTIONS IN 2-3 SENTENCES.

1. WHY ARE YOU INTERESTED IN JOINING THE PARENT AND CAREGIVER COUNCIL (PACC)?
2. WHAT DO YOU HOPE TO GAIN BY BEING A PACC MEMBER?
3. WHAT SKILLS AND QUALITIES DO YOU BRING TO THE PACC?
4. PLEASE FEEL FREE TO SHARE ANYTHING ELSE YOU WOULD LIKE US TO KNOW ABOUT YOU.

III. MEDIA RELEASE PERMISSIONS

PACC MEMBERS MAY BE GIVEN THE OPPORTUNITY TO PARTICIPATE IN A NUMBER OF OUTREACH EVENTS & MEDIA PROJECTS, DURING WHICH PHOTOGRAPHS AND VIDEOS ARE TAKEN TO PROMOTE THE UCHOOSE CAMPAIGN. PLEASE COMPLETE THE FOLLOWING NAME/IMAGE RELEASE FORM.

NAME/IMAGE RELEASE

I have read, understand and agree to this Release in favor of the Mayor and City Council of Baltimore, a municipal corporation of the State of Maryland (hereinafter called the "City"), acting by and through its Health Department (hereinafter called the "Health Department"). For valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I irrevocably waive all claims for compensation or damages, consent to the following:

I agree to the non-exclusive, unrestricted, perpetual, royalty-free use by the City of the _____ name and/or the use of _____ photograph, illustration picture, film, image or other likeness including voice, (hereinafter called the "Image") captured in any manner, for advertising and marketing purposes in and on any form of media, including, but not limited to, newspapers, magazines, brochures, transparencies, motion pictures, television, radio, video, the internet or other similar media, in connection with the City and the Health Department's mission to empower all Baltimoreans with the knowledge, access and environment that will enable healthy living. If the undersigned is not the individual whose name and/or likeness is the subject of this Release (hereinafter called the "Figure"), I represent to the City that I am authorized to execute this Release on behalf of the Figure and will defend, indemnify and hold the City harmless in any action brought by any third party relating to this Release.

I release the City, its elected/appointed officials, employees, agents, and volunteers from any and all claims of damages for libel, slander, invasion of privacy, rights of publicity or any other claim whatsoever based on the City's use of the Figure's name and/or likeness. I also release, discharge and agree to hold harmless from any claim or liability of any kind by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of said Image or in any subsequent processing thereof, any publication or other use thereof, and from any claim or liability of any kind for any expressed, implied or inferred statement arising from the use of the Image

I waive the right to inspect, restrict the use of or otherwise approve any materials used by the City where the Figure's name and/or likeness appears.

I agree that this Release is governed by and interpreted in accordance with the laws of the State of Maryland (without regard to principles of conflicts of law) and that the state and/or federal courts located within the State of Maryland shall be the exclusive jurisdiction for any claim related to this Release. The terms of this Release are contractual and not a mere recital, and contain the entire agreement between the City and me (or us) on this subject matter. I have read and understand all the terms and conditions of this Release, and acknowledge that this Release shall be binding upon me (or us) and my (or our) respective heirs, legal representatives, successors and assigns.

IN WITNESS WHEREOF, I have executed this Release on the day and year set forth below.

INDIVIDUAL	-AND/OR-	ENTITY
Signature: _____		_____
Printed Name: _____		By: _____
Relationship to Figure: _____		Name: _____
Address: _____ _____		Title: _____
Date: _____		Date: _____
_____ Witness		

VI. SUBMIT YOUR APPLICATION

EMAIL COMPLETED APPLICATIONS TO tonya.johnson@baltimorecity.gov

OR MAIL APPLICATIONS TO:

Tonya Johnson
Baltimore City Health Department
Adolescent & Reproductive Health Program
1515 W. North Avenue
Baltimore, MD 21217

Please refer any questions to the following individuals:

Tonya Johnson
tonya.johnson@baltimorecity.gov