



## YOUTH AMBASSADOR PROGRAM

### WHAT IS THE AFRICAN LIBRARY PROJECT?

The African Library Project changes lives book by book by starting libraries in rural Africa. We mobilize U.S. volunteers to organize book drives and ship books to a matched school or community. To date, we have started 3,086 libraries in 12 African countries and we hope to create more! Learn more about our work at [www.africanlibraryproject.org](http://www.africanlibraryproject.org)

### WHAT IS THE YOUTH AMBASSADOR PROGRAM?

The African Library Project Youth Ambassador (YA) Program is a unique volunteer leadership program designed for youth in grades 6-12 who are passionate about helping others. Through experiential learning opportunities, workshops, and events, the YA program empowers youth nationwide to make a real difference in their local communities and in our African partner countries.

As an ALP Youth Ambassador, you will inspire and support your peers and others in your community to lead grassroots book drives to help develop new libraries in Africa. You will also work to educate others about the need for books around the world and increase knowledge about our African partner countries. Throughout the program, youth ambassadors will gain tools to become transformative community catalysts and stronger leaders of social change. The current program cycle runs through the end of December, 2020.

### PROGRAM ACTIVITIES INCLUDE:

- Collaborating with other youth ambassadors to recruit and support community book drives
- Sharing community updates and impact stories on social media and other websites
- Participating in two community advocacy efforts that promote literacy. Examples include but are not limited to: volunteer recruitment, community events, blogging

### ADDITIONAL PROGRAM ACTIVITIES: OPTIONAL

- Contribute to Youth Ambassador leadership projects which include: peer mentoring and STEM initiatives
- Be part of the Youth Ambassador Digital Impact Team by selecting one of the following digital media focus areas: Audio, Video, Photography/Design, Social Media, Data/Analysis. The Digital Impact Team promotes literacy with the skill of their choice.
- Join our Youth Ambassador Book Club

Your consent is required to allow participation throughout the program cycle, which runs until the end of December, 2020. However, your consent may be withdrawn at any time via a written letter to the African Library Project.

**CONTACT INFORMATION (YOUTH AMBASSADOR AND LEGAL GUARDIAN):**

Full name of Youth Ambassador:	
Youth Ambassador Email Address:	
Date of Birth:	Is the Youth Ambassador under 18? <input type="checkbox"/> Yes <input type="checkbox"/> No

**EMERGENCY CONTACTS:**

1. Name of parent/legal guardian:	
Relationship to Youth Ambassador (Must be Mother, Father, Legal Guardian or other authorized person)	
Home Phone #:	Mobile Phone #:
Email Address:	
Current Address:	

2. Name of parent/legal guardian:	
Relationship to Youth Ambassador (Must be Mother, Father, Legal Guardian or other authorized person)	
Home Phone #:	Mobile Phone #:
Email Address:	
Current Address:	

*The parent/legal guardians provided above may be contacted for African Library Project marketing, communication and/or fund development purposes.*

**CONSENT AND RELEASE**

In consideration of the Youth Ambassador being permitted to participate in the volunteer activity or program, the parent/legal guardian authorized to provide consent in respect of the Youth Ambassador hereby:

- Consents to participation by the Youth Volunteer in any program or activity of the African Library Project Youth Ambassador program in which he or she chooses to volunteer and agrees on behalf of the Youth Ambassador to assume all risks associated with such activities or programs;
- Releases the African Library Project, and its directors, officers, employees, agents, contractors and other volunteers from any damage to property, personal injury or death, action, claim, cost, expense or liability whatsoever that they or the Youth Ambassador have, have had, or may have arising out of or occurring in connection with the Youth Ambassador’s participation in any program or activity of the African Library Project Youth Ambassador Program; and
- Agrees to indemnify and save harmless African Library Project, and its directors, officers, employees, agents, contractors and other volunteers from any damage to property, personal injury or death, action, claim, cost, expense or liability whatsoever that any other person has, has had or may have against them arising out of or occurring in connection with the Youth Ambassador’s participation in any program or activity of African Library Project.

**MEDICAL INFORMATION**

This information is confidential. Collection, use and disclosure of this information will be for the purpose of ensuring the safety of the Youth Ambassador and African Library Project staff.

Allergies or other pertinent medical conditions that may be barriers to the Youth Ambassador’s participation in certain activities:	
Family Physician:	Phone #:

**MEDICAL CARE AUTHORIZATION**

At any time due to such circumstances as accidents or sudden illness, I hereby give permission for emergency medical treatment to be obtained for the Youth Ambassador. I understand that a representative of African Library Project will attempt to contact me prior to leaving the project/activity site, or upon arriving at the emergency destination, and that I will be responsible for any and all related expenses incurred, including ambulance or taxi costs.

**IMAGE RELEASE**

The parent/legal guardian/other person authorized to provide consent in respect of the Youth Ambassador hereby consents to the use in any of African Library Project and/or African Library Project partner’s publications of the Youth Ambassador’s image if contained in any photographs or other media created during African Library Project Youth Ambassador programs or activities.

The terms of the above Consent and Release, Medical Care Authorization, and the Image Release are hereby agreed to on (date of signing). I confirm that I have read and understood the above terms and that I have the authority to sign this document in respect of the Youth Ambassador.

I grant permission for (participant's name) \_\_\_\_\_ to participate in all education and social activities of the African Library Project Youth Ambassador Program until the end of December, 2020.

\_\_\_\_\_  
Name of Parent/Legal Guardian

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date