



Allied People Offering Year-Round Outreach
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APOYO Youth Empowerment Program Organizing Committee Agreements

My name: _____

My personal e-mail address: _____

My phone number: _____

Commitments

My commitments:

I have read and considered the responsibilities of being an APOYO Youth Empowerment Program Organizing Committee member. I understand them and agree to carry them out.

Signature: _____ Date _____

APOYO's commitments to me:

- The Program Coordinator, other Organizing Committee members, and APOYO's leadership and staff will respect me;
- My contributions to Program development will be acknowledged and considered;
- I can discuss the program, its goals, activities, and status anytime with the Program Coordinator and APOYO's Executive Director and others, as needed to feel secure and empowered as a member of the Organizing Committee;
- If my participation is not adequately valued, if others are not performing their duties, or if I am experiencing problems related to my service on the Organizing Committee, I can call on the Program Coordinator and/or APOYO's Executive Director to discuss and consider my concerns.
- The Program Coordinator and APOYO's Executive Director will respond promptly to my emails, texts, and other communications;
- I will receive the necessary information and materials before meetings so I can prepare.

Releases

Photo release

I hereby grant and convey to APOYO all right, title, and interest in any and all photographic images and video or audio recordings made by APOYO during my participation in activities with APOYO, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

Signature: _____ Date _____

Liability release

I understand that participation in any activity or project involves some risk. I expressly accept and assume any and all risks of bodily injury, personal injury, illness, death, or property damage arising from such participation. In consideration of participating in the program, I hereby agree to waive, release, and forever discharge APOYO and its employees and volunteers from liability, claims, and demands of whatever kind or nature from participation in APOYO's activities.

Signature: _____ Date _____

Confidentiality agreement

APOYO serves disempowered people and people with vulnerabilities. All APOYO employees and volunteers must maintain a high degree of sensitivity and confidentiality, collaborating with people of diverse socioeconomic and lived experiences.

- I understand that asking anyone about their financial situation, living arrangements, or immigration status, and/or sharing such information is not permitted.

Signature: _____ Date _____