

Voices for Change

Information Packet

Fall 2021-Spring 2022



Voices for Change
Lifting Youth Voice in Howard County



Howard County
Office of the Local Children's Board

Mission statement:

Voices for Change amplifies youth voices in Howard County, provides leadership opportunities and a place for open discussion, and creates direct change based on the needs of youth in Howard County.

Who we are:

Voices for Change (V4C) is a youth organization present in the county since 2005, but reestablished and reformed in 2020. The program is coordinated by the Howard County Department of Community Resources & Services' Office of the Local Children's Board. The Local Children's Board's mission is to improve the lives of children, youth and families in Howard County by convening community stakeholders and aligning resources for measurable impact. Voices for Change is a bridge between youth, community partners, and local government for the Local Children's Board. The group underwent a revisioning process over the last year and is working to create a strong and clear identity and focus.

What we do:

Youth can join one of three V4C committees: community engagement, volunteerism, or youth grants. Each arm of the group works together to create ideas and put them into action.

Community Engagement	Volunteerism	Youth Grants	Leadership/Training
<ul style="list-style-type: none">• Youth Townhalls• Marketing/Communications/Design• Recruitment	<ul style="list-style-type: none">• Toy Drive• Food Drives (in collaboration with Howard County Government)• Tutoring• Other activities organized by youth	<ul style="list-style-type: none">• Organize, lead, and supervise the distribution of youth grants• In 2021, provided five \$1250 grants to youth-led organizations and programs throughout the county.	<ul style="list-style-type: none">• Racial Equity Training• Youth organize and lead all events held.

Who can be involved:

- All Howard County high-school-age youth can attend.
- Must be able to attend 80 percent of bi-monthly meeting. Meetings are held virtually on Wednesdays from 5:00 to 6:30 p.m. Exceptions are made for academic, athletic, health and family events.
- Must be able to provide own transportation to and from meetings and events.
- Must be able to attend leadership, volunteer, and community opportunities.
- Students who remain engaged and are a part of the core leadership, students who regularly attend meetings, show leadership and initiative on their committees, and for the entire group.
- Last year, 12 stipends of \$300.00 were given to core members. The same structure exists for the 2021-2022 school year.

Local Children's Board – Student Member:

Students who join Voices for Change are also encouraged to apply as student members to the Local Children's Board. As the student board member, you will act as a youth representative and voice to aid the board in serving Howard County youth and their families. More information and the application are included in this packet.

For more information on how to get involved in Voices for Change, contact Jasmine

Wigginton at jwigginton@howardcountymd.gov or join the group at <https://bit.ly/3i8OnGa>



Voices for Change

Tentative Schedule Fall 2021

Location: Howard County Department of Community Resources and Services
9830 Patuxent Woods Drive / Columbia, MD 21046

Location may change throughout the semester or meetings may be held virtually.

Meeting and Event Schedule:

- **Wednesday, September 8** (First Meeting of the year begins at 5:30 p.m. because of Rosh Hashanah)
- **Wednesday, September 22 / 5:00 to 6:30 p.m.**
- **Wednesday, October 6 / 5:00 to 6:30 p.m.**
- **Wednesday, October 20 / 5:00 to 6:30 p.m. (First Town Hall)**
- **Wednesday, November 3 / 5:00 to 6:30 p.m.**
- **Wednesday, November 17 / 5:00 to 6:30 p.m.**
- **Wednesday, November 3 / 5:00 to 6:30 p.m.**
- **Wednesday, December 1 / 5:00 to 6:30 p.m.**
- **Wednesday, December 15 / 5:00 to 6:30 p.m.**

Inclement Weather: This program will follow inclement weather decisions by Howard County Government. Check the Howard County Government and HCPSS websites and social media for weather announcements.

Transportation: If transportation to meetings are an issue, contact Jasmine Wigginton at jwigginton@howardcountymd.gov to discuss alternatives.





Voices for Change Student Contract

- **I agree to attend 85% of meetings and will inform Jasmine Wigginton if I am unable to attend. Absences with prior notification will be considered excused for illness, academics, or family concerns.**
- **I agree to stay engaged in meetings, leadership opportunities and community events.**
- **I agree to be respectful of others and our differences and be open to new opinions and perspectives.**
- **I agree to follow COVID-19 safety protocols: mask-wearing, social distancing, and hygiene.**

Student Name (Printed) _____

Student Signature _____



**Voices for Change
2021-2022 Permission Form
Parent/Guardian**

General Information: (Please Print)

Student Name: _____ Date of Birth: _____
Address: _____ City: _____ Zip: _____
Home Phone: _____ Student Cell Phone: _____
School Attending: _____ Grade: _____ Graduation Year: _____
Student Email Address: _____
Preferred contact method: _____

Parents/Guardian: If you would like to receive meeting notices, please list email below:

Individual(s) to be contacted in case of emergency (Must be over 18 years old):

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Health issues and special accommodations:

Are there any food allergies or dietary restrictions?

No Yes (if yes, please specify) _____

Please indicate any of the following health problems or disability: (please check all that apply)

- Deaf / hard of hearing
- Vision impairment
- Seizures
- Uses mobility aids (i.e. wheelchair, braces, etc.)
- Development disability (i.e. autism, intellectual, etc.)
- Other (i.e. behavioral / emotional disorder, etc.): _____

Liability Medical Emergencies

I agree to indemnify and defend Howard County and hold it harmless from and against any and all claims, suits, damages, liabilities and expenses, including attorney’s fees and the County’s costs of defense, in connection with loss of life, personal or bodily injury and /or damage to or loss of property that arises from the participation of _____(Name of Participant) in the Howard County Voices for Change, except to the extent that such loss or damage is occasioned solely by the negligent act or omission of the County, its officers, agents or employees and no negligence on the part of the Participant.

In **EMERGENCIES** requiring immediate medical attention, your child will be taken to the **NEAREST HOSPITAL EMERGENCY ROOM**. Your signature authorizes the responsible person at the program to have you or your child transported to that hospital.

Liability Transportation

I understand that there are inherent risks when driving, walking, or biking to/from the program. By signing below, I hereby allow my child to sign himself/herself in and/or out of the program and agree to release Howard County, to indemnify and defend the County, and hold the County harmless from and against any claims, suits, damages, liabilities, and expenses, including reasonable attorney’s fees and the County’s cost of defense, in connection with the loss of life, personal or bodily injury, and/or damage to or loss of property that arises from the participation of my child in this program, except to the extent that such loss, injury or damage is occasioned solely by the negligent act or omission of the County, its officers, agents or employees and not by negligence on the part of me or my child. I attest that I have reviewed and determined a safe route for my child to follow to and from the program location.

Parent/Guardian Signature: _____

Printed Name: _____ **Date:** _____



COVID-19 LIABILITY WAIVER

Howard County Local Government has put in place preventative measures to reduce the spread of COVID-19; however, Howard County Government cannot guarantee that you or your child(ren) will not become infected with COVID-19. Attending Voices for Change meetings could risk exposure to COVID-19.

Place initial next to each item below:

_____ By signing this agreement, I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing. I assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending Voices for Change meetings and that such exposure or infection may result in personal injury, illness, permanent disability, and death.

_____ I further acknowledge that Howard County Local Government cannot guarantee that I will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, on-site staff, volunteers, and other students and their families.

_____ I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim liability or expense of any kind that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at Voices for Change meetings

_____ On my behalf and behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless Howard County Government, its employees, agents, and representatives any causes of action, claims, demands, damages, costs, expenses, and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of Howard County Local Government or that may otherwise arise in any way in connection with any services received from

Voices for Change. I understand that this release discharges Howard County Local Government from any liability or claim that I, my heirs, or any personal representatives may have against Howard County Local Government concerning any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from Howard County Local Government. This liability waiver and release extends to Howard County Local Government together with all owners, partners, and employees, whether a COVID-19 infection occurs before, during, or after participation in any Voices for Change program, class, or event.

By signing below, I agree to the statement above under the COVID-19 LIABILITY WAIVER.

Student Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____



Media Permissions

I hereby grant permission to the rights of my child's image, likeness, and sound of the voice as recorded on audio or videotape without payment or any other consideration for Voices for Change. I understand that their image may be edited, copied, exhibited, published, or distributed and waive the right to inspect or approve the finished product wherein its likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my child's image or recording. I also understand that this material may be used in diverse educational settings within an unrestricted geographic area.

Photographic, audio, or video recordings may be used for the following purposes:

- conference presentations
- educational presentations or courses
- informational presentations
- online educational courses
- educational videos

By signing this release, I understand this permission signifies that photographic or video recordings of my child may be electronically displayed via the Internet or in the public educational setting.

I will be consulted about the use of the photographs or video recordings for any purpose other than those listed above.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

This release applies to photographic, audio, or video recordings collected as part of the sessions listed on this document only.

By signing this form, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any claims against any person or organization utilizing this material for educational purposes.

Parent/Guardian Signature: _____

Printed Name: _____ Date: _____





Local Children's Board – Student Member Application 2021-2022

Thank you for your interest in serving as a Youth Member on the Howard County Local Children's Board (LCB) for the 2021 -2022 school year. The Howard County Local Management Board is part of the larger Local Management Board system in all 24 counties. Our LCB is comprised of public and private members working collaboratively to ensure strong services for families and children in our community. As a student board member, you will assist **the board in providing funding, planning, program development and implementation, and technical assistance to programs and services working to improve outcomes for Howard County's children, youth, and teens.**

As a student member, your responsibilities will be extensive, it is important that before deciding to pursue this position, you carefully consider your ability to commit a significant amount of time outside of school as well as your ability to transport yourself to meetings and events.

For you to be considered for this position, you must **submit a completed application packet, applications are selected on a rolling basis.** A completed application packet must contain a:

- **Letter of Interest** expressing why you are interested in this position and the perspective and impact you will bring that will be beneficial to the Local Children's Board
- **Resume** indicating your education and experiences relevant to this position
- **Completed Application** with appropriate signatures

Incomplete or late applications will not be considered. All applications will be checked for completeness and eligibility. Applications will then be reviewed, and qualified candidates will be asked to attend a **Local Children's Board Meeting. (Date and time to be announced).**

Attendance to meetings will count as an excused absence from school.

Applications of Qualified Candidates will be forwarded to the County Executive, who will make a recommendation on the Youth Member of the Local Children's Board. The County Executive will forward his recommendation to the County Council for approval.

Please review the attached information and carefully complete the application packet. If you have any questions, please do not hesitate to contact me at (410) 313-6553 or jwigginton@howardcountymd.gov.

Best Regards,

Jasmine Wigginton

Youth Member Position Description

A successful Youth Member will:

- Articulate and understand the function of the Local Children's Board.
- Demonstrate maturity and tact while working with adults.
- Maintain regular communication through email and/or phone with his/her mentor and assigned staff.
- Collaborate with Voices for Change to promote and broadcast board issues to Howard County Youth at large.
- Engage in meaningful conversations with adults about Howard County issues.
- Proactively address concerns with the appropriate person/organization.
- Participate in Board meetings and events.
- Prepare for Board meeting discussions.
- Maintain confidentiality.
- Conduct themselves in ways appropriate for public leadership.
- Voice a youth perspective on business coming before the Board.

ATTENDANCE REQUIREMENTS:

1. To serve a one-year or two-year term from July 1 through June 30.
2. To attend one regular Board meeting each month.
3. To attend Voices for Change executive committee and general meetings.
4. To participate in public functions of the Board, following stated procedures if it is necessary to miss classroom time to attend.
5. To attend an introductory meeting with the Chairman of the Board.

Local Children's Board Student Member Application



General Information: *(Please Print Legibly)*

Student Name:

Date of Birth: _____

School Attending: _____

Grade: _____ Graduation Year: _____

Address:

City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Student Email Address:

Parent Email Address:

Youth Signature:

Please sign below confirming your interest in serving as a Youth Member on the Howard County Local Children’s Board. Your signature also acknowledges an understanding and agreement of the role, responsibilities, and attendance requirements of the Youth Member.

Student Signature _____

Date _____

Parent/ Guardian Signature:

To fulfill the requirements of the position, your child will be expected to spend at least one morning every other month in attendance at Board meetings. As a voting member of the Board, the Student Member must devote considerable time before each meeting to reviewing policies and programs scheduled for action or review by the Board. In addition to the monthly Board meetings, the youth member attends all Voices for Change (V4C) meetings. As a Board member, a large part of the position will be speaking to other students and community members to gather information and opinions to be used when making informed decisions. Accepting the position of Youth Member of the Board and making the required time and energy commitments affect not only the student but also his or her family. The student and student’s family are responsible for transportation to and from meetings and other events. Student’s time away from schoolwork and family obligations may be an adjustment for your family. Please sign below in acknowledgment and support of your child taking on this role.

Parent/Guardian Signature _____

Date _____

If you need this information in an alternate format, or need accommodations to participate, call 410-313-6553 (voice/relay) or email jwiggington@howardcountymd.gov.