



Legacy Youth Alliance Member Commitment Form

I, _____, accept the position as a volunteer member of the Legacy Youth Alliance, a program of the Ottumwa Regional Legacy Foundation.

I understand that my membership is not only an honor but also a responsibility. As a member, I commit to the following:

- To attend meetings on a regular basis. If I have to miss a meeting, it will be an exception to my regular attendance, and I will inform another Legacy Youth Alliance member or advisor of my absence. I realize that two unexcused absences (no-call, no-show) may result in my dismissal from the Legacy Youth Alliance.
- To review all materials related to the Legacy Youth Alliance (agendas, minutes, grant applications, etc.) so that I may be prepared at each meeting for discussion.
- To disclose any relationships that may result in a conflict of interest.
- To keep meeting discussions confidential and not take decisions personally.
- To be a responsible steward of the money allocated for youth in our community. I will form my opinions objectively and without bias so that decisions made reflect the community's best interest.
- To act honestly, truthfully, with integrity and responsibility in all aspects of the Legacy Youth Alliance. I understand that I am representing the youth of Wapello County and that any action that reflects negatively on the Legacy Youth Alliance and/or the Ottumwa Regional Legacy Foundation may be considered grounds for dismissal.
- To identify issues surrounding youth in Wapello County, suggest solutions for these problems and work toward solving these problems, showing the adult community that youth can be the source of solutions.
- To treat others on the Legacy Youth Alliance with respect, regardless of age, race, gender, school affiliations, beliefs, etc. I will work to create a positive energy in the group, and will voice my ideas and share my opinions.
- To serve as a spokesperson for the Legacy Youth Alliance and help spread the work about philanthropy!
- To assist the Legacy Youth Alliance in its mission and goals.

Print Name: _____

Signature: _____

Date: _____ **Grade:** _____