



**Keep Sugar Land Beautiful Youth Advisory Board Waiver Application: 2026-2027**

**The success of OUR youth board depends on each member.**

**"Unless someone like you cares a whole awful lot, nothing is going to get better. It's not." The Lorax**

- Please complete this application, sign, and return to: [info@kslb.org](mailto:info@kslb.org) by **April 30, 2026**.
- Applicants must:
  - be high school sophomores or juniors for 2026-2027 school year
  - have an environmental passion or want to learn more about our environment
  - have the desire to benefit our community
  - be willing to volunteer the time needed for this board commitment
  - live or attend school in Sugar Land
- KSLB YAB members \*must attend monthly ZOOM meetings and volunteer at 3 KSLB events\*
- Interview will be conducted after this application is received and reviewed. Term is one year.
- Please type application. Applicant and Parent **Signatures** are required. Thank you for your interest!

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

2026-2027 Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

School: \_\_\_\_\_ School Organization: \_\_\_\_\_

Sponsor Teacher: \_\_\_\_\_ Teacher's Email: \_\_\_\_\_ Teacher's Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship of Emergency Contact to Student: \_\_\_\_\_

**VOLUNTEER WAIVER & PHOTO/MEDIA RELEASE for 2026-2027**

I agree that I will indemnify and hold harmless Keep Sugar Land Beautiful; its officers, members, employees, agents, and assigns: from any and all liability or claims of injury (of whatsoever nature that may be incurred by me) as a result of my voluntary participation in the KSLB Youth Advisory Board, or any project or event, as a Keep Sugar Land Beautiful volunteer.

I consent to and authorize the use and reproduction of any and all photographs or video as a KSLB YAB member and/or volunteer. I give Keep Sugar Land Beautiful the right to use my name and photograph in all forms and media without compensation to me.

I certify that I am eighteen (18) years of age or older; and/or that my parent or court-appointed guardian has full knowledge and consent of my participation in the KSLB Youth Advisory Board, KSLB projects, events, and volunteer opportunities.

My parent/guardian has given me permission to participate, as evidenced by his/her signature below.

\_\_\_\_\_  
**Volunteer Participant Signature** (If not 18 or older, parent/guardian must co-sign below) Date

\_\_\_\_\_  
**Parent/Guardian Signature** (Undersigned has read the above and understands this waiver) Date

