



## Child Advisory Body (CAB) Membership Form

**The Child Advisory Body (CAB)** is a youth organization that advocates for **Children** and **Adolescents** in the community through the development of the city by the **Belmopan City Council**. Our aim is to use the National Children's Agenda and the Sustainable Development Goals to promote equality, greater social inclusion, diversity of children's experiences, abilities and acknowledgement of cultures by promoting the inequality of health, education, justice, and social protection.

The Child Advisory Body under the National Children's Agenda is geared towards outcomes such as:

- \* Healthy and Active Children
- \* Achieving full potential in all areas of learning and development
- \* Children's safety and protection from harm
- \* Children enjoy economic security and have access to opportunities
- \* Children are connected, respected and contributing to the community

NAME: \_\_\_\_\_ BIRTHDAY: \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE: \_\_\_\_\_

I PREFER TO BE CALLED: \_\_\_\_\_ RELIGION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

COUNTRY: \_\_\_\_\_ CITY: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

CURRENT SCHOOL: \_\_\_\_\_ CURRENT GRADE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

ALLERGIES/HEALTH CONCERNS: \_\_\_\_\_  
(IF CHECKED PLEASE SPECIFY): \_\_\_\_\_

### PARENT CONTACT:

MOTHER'S NAME: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

MOTHER'S EMAIL: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_



FATHER'S EMAIL: \_\_\_\_\_

### EMERGENCY CONTACT:

*Please list an individual and phone number other than any that appear above.*

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

RELATIONSHIP TO MEMBER: \_\_\_\_\_

### ALL CAB MEMBERS ARE EXPECTED TO:

- Be respectful and responsible
- Demonstrate Leadership skills
- Attend CAB meetings and events
- Promote the CAB and its efforts

**PHOTOGRAPHY/VIDEOGRAPHY WAIVER:** I understand that my child may be photographed or Recorded on video during the course of the **Sustainable and Child Friendly Municipality Initiative** program. By **initialing** below, I provide consent for their image to be used in either print, electronics, or video form for the promotional purpose of future events and group activities.

Initials of Parent/Guardian: \_\_\_\_\_.

## Help us get to know you better!

Do you enjoy (Check all that apply)?

\_\_\_ Singing  
\_\_\_ Playing an instrument-/what do you play? \_\_\_\_\_  
\_\_\_ Acting  
\_\_\_ Painting \_\_\_ Drawing \_\_\_ Sculpture \_\_\_ Making Posters \_\_\_ Writing \_\_\_  
Photography \_\_\_ Videography \_\_\_ Other: \_\_\_\_\_.

## Parent Section

Would you like to (Check all that apply)?

\_\_\_ be a member of the TSC (Technical Steering Committee)  
\_\_\_ Help plan social/fun events  
\_\_\_ Help Plan Fundraisers  
\_\_\_ Lead small groups  
\_\_\_ Plan service projects  
\_\_\_ Cook food for gatherings/events  
\_\_\_ Set Up/Decoration for events

My parent and I understand the guidelines above and realize, if violated, actions deemed necessary by the **CAB Executive** will be taken which may include parental contact.

Parent Signature: \_\_\_\_\_ Member Signature: \_\_\_\_\_