

Youth Venture Action Plan – Narrative Format

Section 3 of 3: **TEAM FORMS**



Venture Idea and Plan

Team Sustainability and Budget

Team Forms





Before You Commit - A Quick Reality Check!

1. Looking at your plan and responsibilities, approximately how many hours a week will each Team Member need to commit working on this Venture? _____

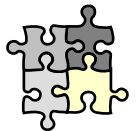
2. A Venture is a long-term project with ups and downs, good times and rough times. How will you continue to motivate *yourself* to work on your Venture?



Team Signatures of Commitment:

Lead Venturer Information: The Lead Venturer coordinates communication for the whole Team and is responsible for staying in touch with Youth Venture. After receiving funding from Youth Venture, **Teams must complete and submit three and twelve-month progress reports.** The Lead Venturer will be responsible for making sure both of these evaluations are sent to Youth Venture.

Team Commitment: Please list the names and signatures of all core Team Members. By signing this, Team Members are making a commitment to each other: they are committing to fulfill their role and help make this Venture a reality. Lastly, check to make sure that each Team Member has completed and signed the Team Member Contact Form and Agreement (page 7) and has signed the Media Permission Form (page 6).



	Team Member Name (please print)	Signature of Commitment	Completed Team Member Contact Form & Agreement
Lead Venturer:			<input type="checkbox"/>
Team Member:			<input type="checkbox"/>
Team Member:			<input type="checkbox"/>
Team Member:			<input type="checkbox"/>
Team Member:			<input type="checkbox"/>
Team Member:			<input type="checkbox"/>

An Ally is a non-controlling adult mentor who provides advice and guidance. (See Guide for tips on finding the perfect Ally and Ally agreements.)



Ally's Name:		
Mailing Address:		
City:	State:	Zip Code:
Daytime Telephone: <i>(direct line, if available)</i>	Evening Telephone:	
Relationship to Team:	Email:	

Check this box if you cannot find an Ally and need Youth Venture to help you.

1. Why did you choose to work with this Ally? _____

2. How will your Ally help your Venture? _____

Additional Reference:

In addition to your Ally, please provide the name and contact information of one adult reference that will attest to your Team's integrity. If you are forming a Venture through school or another organization, you only need to list one reference: your teacher or group leader. References may not include relatives.

Reference's Name:		
Mailing Address:		
City:	State:	Zip Code:
Daytime Telephone:	Evening Telephone:	
Relationship to Team:	Email:	
How long have you known this person?		



Youth Venture Terms and Legal Agreement

Please review the Youth Venture terms listed below and sign the Team Member Contact Form and Agreement on page 7 to indicate that you have read and agreed to the following:

- 1) Your Venture Team will spend the start-up money provided by Youth Venture within the first 12 months of operation and only for the purposes outlined in your Youth Venture Action Plan. **Your Team must keep all receipts of all expenditures and provide copies of them in your reports to Youth Venture.** The 12-month period begins when you receive your Youth Venture welcome letter.

At the end of the first 3 months and at the end of the first 12 months, you and your Team will provide a report directly to Youth Venture. Youth Venture will send you and your Venture Team a report outline that will ask for:

- a. An overview of the Venture which describes the activities completed to date.
 - b. Your evaluation of the progress of the Venture, including goals achieved, youth participation, and future plans.
 - c. Details of how all start-up money received has been used.
- 2) Any funds provided by Youth Venture that are not spent by the end of the 12-month grant period shall be returned to Youth Venture.
 - 3) You and your Team will work with at least one Ally to develop your Venture.
 - 4) You and your Team will acknowledge the full range of Youth Venture's support in interviews, conferences, and recognition opportunities related to your Venture.
 - 5) You and your Team agree and understand that your failure to carry out any of the terms described in this agreement may result in termination of support for your Venture.
 - 6) You and your Team take full responsibility for all actions related to your Venture and understand that Youth Venture is not responsible for your Venture or any of its activities.
 - 7) Your organization will provide contact information for all Team members, both current and future.

Terms of Agreement

Each Venture Team member must sign the Team Member Contact Form and Agreement on page 7 to indicate that (s)he has read and agreed to the terms described on the preceding pages and the YV legal agreement below. Venture Team members under the age of 18 must also have a parent or legal guardian sign this form. All Team members must sign this agreement.

THIS IS AN IMPORTANT LEGAL NOTICE: PLEASE READ THE FOLLOWING CAREFULLY. IF YOU DO NOT UNDERSTAND IT, HAVE SOMEONE READ IT AND EXPLAIN IT TO YOU. YOU ACKNOWLEDGE AND AGREE TO THE FOLLOWING:

1. YOUTH VENTURE, INC. (“YV”) PROVIDES ASSISTANCE, RESOURCES, AND GRANTS FOR START-UP EXPENSES TO PARTICIPANTS IN VENTURES.
2. YV IS NOT, FOR LEGAL OR OTHER PURPOSES, A PARTNER, JOINT VENTURER, PRINCIPAL, AGENT, MANAGER, DIRECTOR, SHAREHOLDER, OR MEMBER OF ANY VENTURE OR ANY PARTICIPANT IN ANY VENTURE. NEITHER YV, NOR ANY OFFICER, DIRECTOR, OR EMPLOYEE OF YV, HAS ANY RIGHT, POWER, OR AUTHORITY TO MAKE DECISIONS FOR OR TO BIND LEGALLY ANY VENTURE OR PARTICIPANT, OR TO CONTROL ANY OF THE ACTIVITIES, BUSINESS, OR AFFAIRS OF ANY VENTURE OR PARTICIPANT IN ANY VENTURE. PARTICIPANTS IN VENTURES ARE SOLELY AND EXCLUSIVELY RESPONSIBLE FOR MANAGEMENT AND CONTROL OF THE VENTURE, FOR THE ACTIVITIES AND BUSINESS OF THE VENTURE, AND FOR ALL OF THEIR CONDUCT, ACTS, OR OMISSIONS.
3. PARTICIPANTS IN VENTURES ARE SOLELY RESPONSIBLE FOR CONSULTING WITH QUALIFIED PROFESSIONALS AND INVESTIGATING, UNDERSTANDING, AND COMPLYING WITH ANY AND ALL FEDERAL, STATE, AND LOCAL LAWS, CODES, REGULATIONS, AND ORDINANCES WHICH MAY APPLY TO THEIR VENTURES AND THE ACTIVITIES AND/OR BUSINESS IN WHICH SUCH VENTURES MAY ENGAGE.
4. THERE MAY BE TAX CONSEQUENCES ASSOCIATED WITH THE FUNDS A VENTURE OR PARTICIPANTS IN A VENTURE RECEIVE FROM YV, AND WITH ANY INCOME RECEIVED BY A VENTURE, WHICH MAY INCLUDE, AMONG OTHERS, AN OBLIGATION TO REPORT AS INCOME AND TO PAY TAXES ON SUCH FUNDS/INCOME TO FEDERAL, STATE, AND OR LOCAL AUTHORITIES. IT IS UP TO THE VENTURE’S PARTICIPANTS TO DETERMINE THE TAX CONSEQUENCES OF SUCH FUNDS/INCOME, AND TO COMPLY WITH ALL APPLICABLE LAWS IN ALL RESPECTS.
5. YV CANNOT PROVIDE LEGAL OR TAX ADVICE. PLEASE CONFER WITH QUALIFIED PROFESSIONALS TO HELP YOU DETERMINE AND COMPLY WITH YOUR LEGAL AND TAX OBLIGATIONS.

Team Forms

Media Permission Form

Photocopy or reprint this form for each Team Member! **Each** Team Member is **required** to complete and submit this form.

Everyone, regardless of age, needs to sign this form if they would like to give Youth Venture and partner organizations permission to use their image and story; however, only individuals under the age of 18 need to have their parents/guardian's signature as well.



Check here if you do not want your name or Venture Team in any media press releases.

I, _____ (print first & last name), agree and authorize the use by Youth Venture and its partner organizations of pictures and information about my Venture in any and all promotional materials including websites, print (newspapers, magazines, catalogs, brochures), and all digital and electronic (TV/radio) media.

Youth Venture's partner organizations may include, but are not limited to, schools, community based organizations, youth organizations, corporate and nonprofit sponsors, public relations firms and advertising agencies.

Venturer Signature: _____ Date: _____

*If under 18 years old:

I, _____ (print first & last name), agree and authorize Youth Venture to use my child's information as stated above.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Contact Information

All Venture Team members under 18: Please have your parent or guardian complete the following information and sign on page 7. Youth Venture will send your parent or guardian periodic updates and announcements. *Youth Venture does not sell, share, or rent personally identifiable information and is absolutely committed to preserving your privacy.*

Todos los miembros del equipo, menores de 18 años: Por favor pida que uno de sus padres o guardián complete la siguiente información y firmé en la página 7. Youth Venture le mandará a sus padres anuncios y novedades de vez en cuando. *Youth Venture no vende, presta, ni renta información personal y está absolutamente comprometido a proteger su privacidad.*

Last name /apellido:		First Name/nombre:		Home Phone/teléfono de casa:	Cell Phone/celular:
Address/dirección:				Work Phone/teléfono de trabajo:	
City/ciudad:	State/estado:	Zip Code/código postal:		E-Mail/correo electrónico:	
What is the best way to contact you? <i>¿Cual es la mejor manera de contactarte?</i> <input type="checkbox"/> Home Phone/teléfono de casa <input type="checkbox"/> Cell Phone/celular <input type="checkbox"/> Work Phone/ teléfono de trabajo <input type="checkbox"/> Mail (postal)/ correo <input type="checkbox"/> E-Mail/ correo electrónico				In which language do you prefer Youth Venture to contact you? <i>¿En que idioma prefiere que Youth Venture se comuniquen con Ud?</i> <input type="checkbox"/> English <input type="checkbox"/> Spanish (Español) <input type="checkbox"/> Other, please specify _____	
<input type="checkbox"/> Please check the box if you would prefer NOT to receive information or resources from Youth Venture. <i>Por favor marque en la siguiente caja si usted prefiere no recibir información ni materiales de Youth Venture.</i>					



Team Member Contact Form and Agreement

Photocopy or reprint this form for each Team Member! **Each** Team Member is **required** to complete and submit this form.

EACH Team Member is REQUIRED to complete, sign, and submit this form with the Action Plan. Team members **under 18** are also required to have their parent or guardian sign.

Name (Please print):			Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male		
Name of Venture Team:			Role in the Venture (e.g. President, Designer, etc.):		
Permanent Address:			Temporary Address (if different than permanent):		
City:	State:	Zip Code:	City:	State:	Zip Code:
* If you do not currently have a permanent address, contact your local YV office.			Dates effective: _____ to _____ <input type="checkbox"/> Check here if you want your mail sent to this address.		
Home Phone:			Cell Phone:		
Email:			AIM Screen Name:		
GenV.net Individual Username*:			MySpace Name:		
GenV.net Team Profile Name*:			Facebook Name:		
* Every new Venture Team is required to complete a profile on Youth Venture's website. To connect with Youth Venture's global network of young changemakers, go to www.GenV.net and click on "Join Now." Enter your <u>individual username</u> and <u>Team profile name</u> above.					
Date of Birth:	I am currently in (circle one): Middle School High School College Other				
Name of Your School:			Expected Graduation Date:		
Would you like your contact information shared with other Youth Venturers? Circle one: YES NO					
How did you hear about Youth Venture?					

By signing below, I acknowledge that I have reviewed and considered the preceding Conditions of Association in its three-page entirety, and that I accept the standards of behavior prescribed and the terms of agreement governing participation as a Youth Venturer. Youth Venture does not sell, share, or rent personally identifiable information and is absolutely committed to preserving your privacy.

Venturer's Signature:	Date:
Parent/Guardian's Signature (Required if you're under 18):	Date:
Parent/Guardian's Name (Please print):	



Once you complete this Action Plan, you are ready to submit it to Youth Venture. From here, it's on to Selection Panel—and then the actual launch of your Venture. **Congratulations!**

Final Steps:

- Before submitting your Action Plan, take a few moments to **review** your responses. Please answer each question fully, write clearly, check your spelling, and give as much detail as possible.
- Please check to be sure you have completed the all three sections of the Action Plan and the **checklist** in section one.
- Please send your completed Action Plan by email to your local Youth Venture office or to Youth Venture by email at yvne@youthventure.org, by regular mail to **Youth Venture New England, 10 Ferry Street, Suite 320, Concord, NH 03301** or by fax to **815-301-3918**.

Your Action Plan will be reviewed within a few days of when we receive it. If any revisions are needed, you will be contacted and guided through that process. Then, you'll be invited to present your Venture idea to a **Selection Panel**, which typically occurs approximately two-to-four weeks after submission. For more tips on public speaking and presenting for Selection Panel, visit www.GenV.net/en-us/dream_it/selection_panel. {See Guide for information on Selection Panel.}



Questions? Email us at yvne@youthventure.org, or call us at **866-923-9863 ext. 0**.

