



IDA INTERNATIONAL YOUTH AND YOUNG ADULT ADVOCATE PROGRAM

Application

Name:

Email Address:

Address:

Phone:

School:

Date of Birth:

Personal Quote:

Past or Present Involvement with Dyslexia Awareness Efforts:

Other Community Involvement:

Please list any other organizations or products you endorse or have endorsed in the past:

Please attach to this application a resume, community involvement and any other supporting documents that may assist IDA in making a positive decision.



POLICY AND AGREEMENT ACKNOWLEDGEMENT

IDA International YAP Champion applicant agrees that: (i) he or she has read and understands this attached abbreviated Policy and Agreement; (ii) the agreement is fair and reasonable; and (iii) applicant gives IDA authority to proceed with the application process.

Applicant also acknowledges that by signing this document he or she understands this document in no way guarantees acceptance as an International YAP Champion and that all decisions are determined by the IDA Application Committee upon review and completion of the full application of process.

IN WITNESS WHEREOF, International YAP Champion Applicant has signed this Agreement as of the _____ day of _____ 20_____.

YAP Champion Signature: _____

YAP Champion Name (Print): _____

I, the undersigned, certify that I am the parent or legal guardian of the child/legal ward (named above) and that I have the right to make decisions for my child/legal ward that effect his/her wellbeing. I CERTIFY THAT I AM 18 YEARS OF AGE OR OLDER AND THAT I HAVE READ, FULLY UNDERSTAND AND AGREE TO THE TERMS OF THIS AGREEMENT, AND I SIGN IT VOLUNTARILY WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

Name of Parent/Legal Guardian _____

Signature of Parent/Legal Guardian _____

Date: _____



Pledge to Serve as an IDA International YAP Champion

Upon completing the application process and being selected by the IDA Application Committee, I _____, on behalf of dyslexia awareness and in support of dyslexia communities everywhere, agree to be an IDA International YAP Champion and to serve as a positive spokesperson to raise awareness across the nation.

By signing this commitment, I am pledging that I have read all policies and expectations and fully understand the responsibilities of being an International YAP Champion if I am chosen. I furthermore pledge that I have a clean background and am free of any endorsement or sponsorship obligations that are a direct conflict with the mission of IDA.

As an International YAP Champion, I agree to make every effort to stay up to date on IDA programs and initiatives, accomplishments, legislative agendas, and dyslexia research. I will also support IDA's overall strategic plan and adhere to all specifications within my agreement contract.

I also agree to inform IDA of my involvement in any activity regarding IDA and/or dyslexia, by providing an annual report and maintaining communication with the IDA Chief Executive Officer or assigned staff liaison.

YAP Champion Signature: _____

YAP Champion Name (Print): _____

Date: _____

Please fax, email or mail the **completed forms** and **headshot photo** (high resolution and in color) to IDA's home office:

International Dyslexia Association, Inc.
40 York Rd., 4th fl.
Baltimore, MD 21204

Fax: (410) 321-5069
Email: sross@dyslexiaIDA.org