



Name: _____ Date of Birth: _____

Address: _____

City: _____ Zip: _____ Phone: _____ Current Grade: _____

School Attending: _____ Email: _____

Name of Parent/Guardian: _____

Email: _____ Phone: _____

How did you hear about the Youth Advisory Committee? _____

In what other extracurricular activities do you participate (sports, volunteer/paid work, drama, etc.)? _____

Why are you interested in being a part of the Youth Advisory Committee? _____

What unique perspective will you be able to offer if selected to participate on the Youth Advisory Committee?

As a member you can serve as a youth participant for the following (check all in which you are interested):

_____ Environmental Board

_____ Human Services Board

_____ Park Board

_____ Senior Citizens Advisory Board

What unique perspective will you be able to offer as a youth participant to one of these boards?

The Youth Advisory Committee meets once per month on Mondays, September through June. Members are expected to attend the monthly meetings as well as coordinate and volunteer at special events hosted by the committee for the community.

Will you be able to attend meetings and assist with events? _____

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian if under 18: _____ Date: _____