



SHIAWASSEE

— COMMUNITY FOUNDATION —

**Youth Advisory Council
Application for Membership
2017-18 Academic Year**

Date of application_____

Date of Birth_____

First Name_____

Last Name_____

Street Address_____

City_____

Zip code_____

Home phone_____

Cell phone_____

Email address_____

Preferred Method of Contact: phone call text email

School_____

Graduation date_____

Mother/guardian_____

Phone_____

Email_____

Father/guardian_____

Phone_____

Email_____

We would like to know the following about you:

1. Describe why you want to be a member of the Youth Advisory Council (YAC). What qualities will you bring?

2. Please list and describe your interests.

3. From the previous question, describe which interest means the most to you and why.

4. What does “community service” mean to you?

5. We know that many issues face youth today. From the list below, please select the top 3 issues you feel are important to address for youth in our community. Is there an issue not on the list? Fill in the blank below and tell us about it!

- Arts
- Bullying
- Diversity/inclusion
- Education
- Environment
- Health
- Violence/victimization
- Mentoring
- Poverty
- Recreation
- Substance Abuse
- Teen Pregnancy
- Homelessness/Housing
- Juvenile delinquency
- Technology
- Hunger
- Mental Health Issues
- Other_____

6. Out of the issues you selected above, which one do you feel is the top issue facing youth today and why?

7. YAC meets monthly during the school year. One of the responsibilities of being on the YAC is attending the meetings. Will you be able to attend our monthly meeting which is generally, but subject to change, the third Sunday of the month at 3:00pm at Memorial Healthcare Center's Mitchell Auditorium?

- definitely yes
- probably yes
- not sure
- I can't make it

8. How many hours per month would you be able to commit to YAC? (outside of regular YAC meetings):

What other activities are you involved with in & out of school for the 2017-18 school year?

Activity/Club/Sport/Etc.	Date/Commitment
_____	_____
_____	_____
_____	_____
_____	_____

Revised 05-2016

For the Parent:

I give permission for _____ to apply to the Shiawassee Community Foundation's Youth Advisory Council (YAC). If selected, I will permit and support them in attending meetings and activities related to the YAC.

Signature of Parent

Date