



Youth Advisory Council Application

Parks & Leisure Services Department
3650 NE 12th Avenue
(954) 630-4500

Student's Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

School Student Attends: _____ Year in School: _____

Student's GPA: _____

How did you hear about YAC? _____

What school activities/ extracurricular programs are you involved in? (Positions, Offices, Awards, Honors)

Why do you want to be a member of the YAC? _____

What qualities do you have that would benefit the YAC? _____

Why is youth involvement important in the community? _____

What types of community projects/ service would you like to be part of? _____

In one paragraph, please explain why you should be selected to be a member of the YAC. _____

Can you make a commitment to attend a meeting at least once per month? Yes ___ No ___

I agree that my child can participate in an active role in the YAC program. _____

Parent signature

Submitted by (print): _____ Signature: _____

Date: _____

APPLICATION DEADLINE – DECEMBER 17, 2010