



Youth Action Coalition 2005 – 2006 APPLICATION FORM

You may attach additional sheets if you need more space to answer the questions or if you want to include additional information.

NAME

AGE

STREET ADDRESS

SCHOOL

CITY

STATE

ZIP CODE

PHONE

What do you like to do in your spare time? _____

What is Your Favorite Food? _____

What is your T-Shirt Size (Adult Sizes) ? _____

What is Your Favorite Color? _____

Why do you want to serve on the Youth Action Coalition? _____

I am good at or would like to try:

- | | |
|--|--|
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Art/drawing |
| <input type="checkbox"/> Public speaking | <input type="checkbox"/> Thinking up new projects |
| <input type="checkbox"/> Showing others what to do | <input type="checkbox"/> Talking with community members face to face |
| <input type="checkbox"/> Acting in commercials/on TV | <input type="checkbox"/> Fundraising/ gathering donations |
| <input type="checkbox"/> Acting in skits | <input type="checkbox"/> Event organizing |

See Other Side

I would like to volunteer doing work with:

- Animals
- Arts and culture
- Children and youth
- Education and literacy
- Health and Medicine
- Homeless and Housing
- Hunger
- Immigration
- Media and Broadcasting
- Mentoring
- Politics/civic
- Religions
- Senior citizens
- Sports and Recreation
- Women's Issues
- Emergency and Safety
- Outdoors

Emergency Contact Information

Name of Contact _____ Relationship _____

Emergency Phone _____ Allergies or other conditions _____

Anyone between the ages of 11 – 18 may be a part of YAC. You will be asked to attend monthly meetings, and take part in YAC community service projects and YAC training activities. Do you agree to do this to the best of your ability? _____

SIGNATURE

PARENT'S SIGNATURE (If student under 18)

DATE

PARENT'S PHONE
(If different from student)