



**Teen Advisory Council Application**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ GPA \_\_\_\_\_

As a representative of the Youth Services Coalition's Teen Advisory Council are you willing to?

- Commit one full year of service to the council? Yes \_\_\_ No \_\_\_
- Stay out of trouble with the law and in school? Yes \_\_\_ No \_\_\_
- Be accepting of others and their ideas? Yes \_\_\_ No \_\_\_

Please list any extra curricular activities that you are involved with. (For example: school clubs, sports, community organizations, volunteer work, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What qualities, skills or talents would you bring as a member of the T.A.C.?

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