Youth Leadership Cabinet

Application for Membership

2018-19 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 <u>you</u>:

1. **Describe why you want to be a member of the Youth Leadership Cabinet (YLC). 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. **YLC meets during the school year. One of the responsibilities of being on the YLC is attending the meetings. Will you be able to attend our meeting quarterly (once every three months)?**

8. **How many <u>hours per month</u> would you be able to commit to YLC?**

9. **What other activities are you involved with in & out of school for the 2018-19 school year?**

        Activity/Club/Sports/Etc.   **Date/Commitment**

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

For the Parent/Guardian:

I give permission for _____ to apply to Beyond the Bell's Youth Leadership Cabinet (YLC). If selected, I will permit and support them in attending meetings and activities related to YAC.

_____   _____

Signature of Parent/Guardian   Date