



2019-2021 Member Application

Applicant's Name _____

Home Address _____

Home Phone _____

Applicant's E-mail Address _____

Parent's E-mail Address _____

School Attending in September 2019 _____

Grade Attending in September 2019 _____

Parent's Names _____

Why would you like to be on the YAB? _____

What issues do you feel are important or of concern to the youth in Louisville? _____

Have you ever volunteered? If so, please tell us where and what your responsibilities were. _____

What skills would you bring to the YAB? _____

What are your hobbies? _____

What do you think should be one of the goals for the upcoming school year for the YAB? _____

Did anyone refer you to the YAB? If so, what is their name: _____

I understand that there is a certain amount of time (3-6 hours) I must be willing to commit monthly to be on the City of Louisville's Youth Advisory Board. I will attend all regularly scheduled meetings the first Thursday of each month in the evenings as well as other scheduled meetings/projects as set by the YAB.

Student's Signature

Date

I understand that my child is applying for a position on the City of Louisville's Youth Advisory Board. I understand that the YAB is a two-year commitment (except in the case of seniors in HS). I will support my child if he/she is selected and assist them in getting to scheduled meetings and with projects of which they may choose to work.

Parent/Guardian Signature

Date

If you have any questions, visit the Youth Advisory Board page on the city's website at www.louisvilleco.gov

Return your application by 6 pm, **September 8, 2019 to:**

Mandy Perera, Staff Liaison

Louisville Recreation Center

900 W Via Appia, Louisville, CO 80027

Phone: 303-666-7400 Fax: 303-335-4961 E-mail: mandyp@louisvilleco.gov