

Clyde Malone Community Center - Youth Council Application

General Information

Name: _____

Address: _____

Email: _____

Phone: _____

School: _____ Grade: _____ Age: _____

Name of Parent/Guardian: _____

1. Why would you like to become a member of the Youth Council?

2. What will you bring to the Youth Council?

3. If becoming a member, what would you be interested in? Check all that apply

<input type="checkbox"/> Community Service / Fundraisers	<input type="checkbox"/> Leadership
<input type="checkbox"/> Project Development	<input type="checkbox"/> Other: _____

4. What days fit your schedule best?

<input type="checkbox"/> Monday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Friday
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5. Is there a day/time where you are absolutely not available?

6. How did you learn about this opportunity? _____