



OFFICE USE ONLY

Date Received: _____

Action: _____

Notes: _____

Youth Advisory Board Application

Thanks for your interest in joining the Youth Volunteer Corps Youth Advisory Board for the 2015-2016 program year. Please complete the following form in order to be considered.

Name: _____

Date of Birth: _____

Current School & Grade: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

E-mail: _____

Name of Parent/Guardian: _____

Parent/Guardian Phone Number: _____

Availability (Please list all times available to meet):

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Please complete a **one-page essay** addressing the following statements:

1. Describe why you are interested in serving on the Youth Advisory Board.
2. Describe a previous volunteer experience that made an impact on you.
3. Describe any other leadership roles or experiences you have had and what they taught you.

Please also include a **letter of recommendation** from a current YAB member, school teacher or other adult (NOT a family member) who knows you well and can speak to your qualifications.

Return this form, your essay and letter of recommendation by **January 8, 2016 to:**

Erik Chavarria
Siouxland YVC Coordinator

601 Riverview Drive
South Sioux City, NE 68776
Phone: (402) 404-8439

YVC@nwsymca.org
@SiouxlandYVC