



## Youth Advisory Committee Participant Application

Full Name: \_\_\_\_\_ T-shirt size (Adult) \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Home Address: \_\_\_\_\_  
(Number and Street) \_\_\_\_\_ (City and Zip) \_\_\_\_\_

Phone Number: \_\_\_\_\_ Resident of Granite Shoals: Yes \_\_\_\_\_ No \_\_\_\_\_

Father's Name and Phone#: \_\_\_\_\_

Mother's Name and Phone#: \_\_\_\_\_

List ALL extracurricular activities (school, church, civic) in which you are involved and the average number of hours spent per week on each.

Name of organization or activity

Hours per week

_____	_____
_____	_____
_____	_____

Committee meetings are typically once per month. Do you have any conflicts with a 3pm or 6pm meeting? If so, when would you be unavailable: \_\_\_\_\_

Which Committee are you most interested in:

- Airport** - 1st Thursday of the month at 3:00 p.m. 
- Parks** - 1st Thursday of the month at 6:00 p.m.
- Wildlife** - 1st Monday of the month at 6:00 p.m.

Why do you want to be a part of a Committee?

Have you ever participated on a Committee? If so, when and in what capacity?

Do you have a current valid driver's license?  yes  no

Do you have reliable transportation?  yes  no

**If the answer to either of the above is no, your Parent/Guardian must sign below stating they agree to provide transportation to insure your participation and promptness at all sessions.**

**I agree to provide transportation to and from Committee meetings:** \_\_\_\_\_