



CITY OF APOPKA YOUTH ADVISORY BOARD APPLICATION FORM

Please type if possible, or print clearly. You may use another sheet of paper if necessary.
Please attach to the application. Date: _____

Name: _____

Address: (Home): _____

Phone: (Home): _____ (Cell): _____

Email Address: _____

School: _____ Current Grade: _____

1. What is your current weighted G.P.A. G.P.A. _____
2. How long have you lived in Central Florida? Years _____

1. Interests & activities (hobbies, organizations, clubs, positions held, etc.)

2. Community Involvement: (if other than above):

3. What would you like to see the Youth Advisory Board accomplish in terms of short and long term goals?

4. Why do you want to serve on the Youth Advisory Board?

5. This board will meet at least once a month on the third Wednesday 2:00 pm Are you willing & able to attend and participate in these meetings?

6. Board members are required to participate in a volunteer/mentoring program and serve a minimum of seven hours/month of community service for the Youth Advisory Board. Are you able to fulfill this requirement?

7. Please list two non-relative references and your relationship to reference: (i.e. teacher, boss, etc.)

Name: _____ Name: _____

Address: _____ Address: _____

Phone : _____ Phone: _____

I understand the responsibilities associated with being a Board member, and I have adequate time to serve on the above Board.

Signature

A resume' or separate sheet of paper may be used to provide additional information.