



Please email, mail or fax completed applications to:

Beth Dadko

beth.dadko@sonoma-county.org

490 Mendocino Avenue, Suite 101

Santa Rosa, CA 95401

Phone: 565-6681 Fax: 565-6619

Youth Membership Application

General Information			
Name:	First	Middle	Last
Address:	Street	City	Zip
Mailing Address: (If different from above.)			
Home Phone:		Cell Phone:	
Email Address:			
Birthday:		Age:	
School or Youth Organization:		Year in School:	

Emergency Contact Information		
Parent/Guardian Name:	Relationship:	Phone:
Alternative Contact Name:	Relationship:	Phone:

Topical Interest Areas
Please rank your interest areas from 1-11, with 1 being your top choice and 11 being your last (please see pages 9-11 for descriptions):
Health Action Council ____ Upstream Investments ____ Food System Alliance ____
Prevention Partnership ____ RRARA ____ CHIPA ____
Sonoma Environmental Education Collaborative (SEEC) ____
Keeping Kids in School ____ Ag and Open Space District ____
Parks and Recreation Advisory Commission ____ Teen Health Advisory Coalition (THAC) ____



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Experience and Desired Experience

Please indicate if you have experience and/or if you would like experience in the following areas (you may check both boxes if it applies):

Topic Area	Have Experience	Would Like Experience
Meeting Facilitation		
Policy Development or Advocacy		
Public Speaking		
Job Shadowing		
Research or Data Analysis		
Project-Based Learning		

Applicant Agreement and Signatures

I understand the responsibilities required of youth members. If selected, I pledge to attend all meetings and participate as an active team member.

Youth Signature: _____

Date: _____

(For youth under 18 years old) As a parent/guardian, I have read through the information about youth membership and support my child in applying for this opportunity.

Parent/Guardian Signature: _____

Date: _____



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Youth Membership Application Questions

We would like to know more about you and your interests. Please tell us about yourself! On a separate piece of paper, briefly answer the following questions:

1. Describe yourself. What are your talents, skills, and interests?
2. What communities do you feel connected to? *(Examples: Disabled, Homeless, Teen Parent, GLBTQI, Low-Income, Immigrant. Remember, you are not limited to these choices. Feel free to add your own.)*
3. Why are you interested in being a youth member in Sonoma County? What unique perspectives will you bring to an organization?
4. What would be your goal as youth member?
5. How did you hear about this youth membership opportunity?



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Relevant Leadership Experience and Community Service

Please provide a brief summary of your experience and accomplishments as it relates to your ability to serve on a coalition or board (examples of leadership opportunities where you have displayed your ability to serve on a committee, effectively communicate in large groups, work on a team, etc.).

Organization and Contact Name	Dates Served	Work Completed



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Letter of Recommendation

Please answer the following questions about the youth listed below. Feel free to use a separate sheet of paper, and please sign the sheet once completed. Your letter will not be shared with the youth applicant. Thank you very much!

Name of the youth you are referring: _____

How long have you known them and in what capacity?

What are the unique skills and talents that you feel this young person has to bring to a group?

In what area(s) does this youth need support or have a need for growth?

How would you describe this youth's attendance and reliability?

Other comments:

Name/Signature: _____ **Date:** _____



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