



Please email or mail completed applications to:
 Amy Ricard
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 Phone: 565-7261

Advisory Committee 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:

Applicant Agreement and Signatures
<p>I understand the responsibilities required of youth members. If selected, I pledge to attend all meetings and participate as an active team member.</p> <p>Youth Signature: _____</p> <p>Date: _____</p>
<p>(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.</p> <p>Parent/Guardian Signature: _____</p> <p>Date: _____</p>

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?
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?

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