

Cornelius Youth Advisory Council

Application

Student Name _____ Age _____

Grade Next School Year _____ School Attending _____

Address _____

Home Phone _____ Cell Phone _____

Email Address _____

Parent/Guardian's Name(s) _____

Home Phone _____ Cell Phone _____

Email Address _____

Emergency Contact Name _____ Phone _____

Will you be able to attend CYAC meetings once or twice a month? (circle one) 1 or 2

Why would you like to be member of the CYAC? What do you hope to gain from this experience?

Describe your skills and strengths and why they would be great for CYAC.

CYAC will participate in a variety of programs and events. These activities require each of the members to take on a number of roles such as speaking roles, technology roles, behind the scenes planning, etc. What type of roles are you comfortable taking on?

What is the greatest issue you are faced with today?

In your opinion, what are the biggest issues facing the Cornelius community today?

Please describe any experience (volunteer) which has helped prepare you for a position on CYAC.

How did you hear about CYAC?

Are you interested in being on the CYAC Executive Committee? If so, what position?
Co-Chairs, Vice Chair, Secretary, Social Media Officer.

Please provide the contact information for two references (not related to you).

Reference #1

Name and Title _____

Address _____

Phone _____ Email Address _____

Reference #2

Name and Title _____

Address _____

Phone _____ Email Address _____

Print Student Name

Student Signature

Date Signed

Print Parent/Guardian Name

Parent/Guardian Signature

Date Signed

Please return to: Itzel Sayago, Communications Manager
 Cornelius City Hall
 1355 N. Barlow Street Cornelius, OR 97113
 itzel.sayago@corneliusor.gov