



## SWEET HOME YOUTH ADVISORY COUNCIL

### APPLICATION AND PARENT PERMISSION FORM

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Work: \_\_\_\_\_

School Currently Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

1. Please tell us a little about yourself and why you are interested in serving on the Youth Advisory Council.
  
  
  
  
  
  
  
  
  
  
2. Please list below five issues you think are important to the youth and or the overall success of Sweet Home as a community.
  
  
  
  
  
  
  
  
  
  
3. Are you able to commit to attending YAC meetings monthly and other meetings and events as scheduled?

Yes \_\_\_\_\_ No \_\_\_\_\_

If "No" please explain why:

**City of Sweet Home  
YAC Application and Parent Permission**

4. Selection

I understand that as part of the selection and appointment process to the YAC that I must attend a mandatory pre-appointment orientation with at least one parent/legal guardian. I/we further acknowledge that the City Council may remove me from this appointment for deficiencies in the performance of duties as outlined in the YAC Charter and Bylaws.

\_\_\_\_\_ Date: \_\_\_\_\_  
YAC Applicant Signature

\_\_\_\_\_  
Printed Name of Applicant

**Parent Permission:**

By signing below, I/We hereby grant permission for \_\_\_\_\_ to participate in the City of Sweet Homes' Youth Advisory Council if selected and appointed. We acknowledge that regular meetings will be held once a month. We further acknowledge that I/we have reviewed the bylaws governing the Sweet Home Youth Advisory Council with our child and understand that from time to time there may be additional activities, meetings and events that my child will be asked to participate in, subject to my/our approval.

\_\_\_\_\_ Date: \_\_\_\_\_  
Parent Legal Guardian Signature

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian

\_\_\_\_\_ Date: \_\_\_\_\_  
Parent Legal Guardian Signature

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian

Received:

Orientation: \_\_\_\_\_ Date: \_\_\_\_\_

City Council Interview: \_\_\_\_\_ Date: \_\_\_\_\_

Appointed for term: \_\_\_\_\_ to \_\_\_\_\_