Text

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Submit your application **and** additional materials to the email provided below.

Additional Materials Include:

* 1. All applicants - Most recent report card/progress report demonstrating a **2.0 GPA or above**
  2. Below 2.0 GPA applicants **only** - Letter of recommendation from a teacher, school staff, or adult mentor required to be considered

**Youth Advisory Council (YAC) Membership APPLICATION FORM**

**Please email completed application (incl. additional materials) and refer any questions to the following individuals:**

**Karis Harrison k**[**aris.harrison@baltimorecity.gov**](mailto:Karis.Harrison@baltimorecity.gov)

**Victoria Paniagua v**[**ictoria.paniagua@baltimorecity.gov**](mailto:Victoria.paniagua@baltimorecity.gov)

**About You**

Applicant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate (mm/dd/yyyy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_

Pronouns (example: he, she, they):\_\_\_\_\_\_\_\_

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

Phone Number (xxx)-xxx-xxxx): (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What language(s) do you speak? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School Information**

Do you attend school?\*\*\* Yes\_\_\_\_ No\_\_\_\_

**\*\*\*If you are not in school, you are still eligible for YAC.**

If YES:

What is the school name? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What grade are you in? \_\_\_\_\_\_\_\_\_

Do you have a job?\*\*\* Yes\_\_\_\_ No\_\_\_\_

If YES:

What days do you work? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**More About You**

Please answer each of the following questions in 2-3 sentences.

1. Why are you interested in joining the youth advisory council (YAC)? \*
2. What would you like to get out of the yac? \*
3. Describe some of your hobbies and/or interests. \*
4. What career choices are you interested in pursuing? Why? \*
5. What else do we need to know about you, that we have not already asked?

**Parent/Guardian Information (if applicant is under 18 years of age)**

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone Number ((xxx)-xxx-xxxx): (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What language(s) do they speak? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give permission for my child to participate in the Baltimore City Health Department Youth Advisory Council.

X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Media Release Information**

YAC members are given the opportunity to participate in several outreach events & media projects, during which photographs and videos are taken to promote the UCHOOSE campaign. Please complete the following name/image release form and include a parent/guardian signature if you are under 18.

**Text, letter

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