

YOUTH ACTION COUNCIL MEMBERSHIP APPLICATION

Name _____

Address _____

Grade _____ **Home Phone** _____ **Cell Phone** _____

E-Mail _____

Why are you interested in becoming a Y.A.C. member?

Are you capable of making the commitment necessary to be a Y.A.C. member, such as weekly meetings and any extra time needed to complete goals?

What kinds of social issues would you like to address if you were to become a Y.A.C. member? What activities would you like Y.A.C. to work on?

Do you have more than one activity such as sports, drama, band, etc. that might interfere with Y.A.C. meetings on Tuesdays?
