

YOUTH ACTION COUNCIL

APPLICATION

Name: _____

Address: _____

Grade: _____ Phone Number: _____

E-mail Address: _____

WHY ARE YOU INTERESTED IN JOINING YOUTH ACTION COUNCIL?:

WHAT CAUSE(S) ARE YOU PASSIONATE ABOUT?:

**WHAT POSITIVE QUALITIES DO YOU HAVE THAT WOULD BE BENEFITICIAL
TO A TEAM (I.E. LEADERSHIP, CREATIVE, ETC.)?:**

ARE YOU AVAILABLE TO BE COMMITTED TO Y.A.C. ON MOST TUESDAYS?:

**WHAT'S AN EXAMPLE OF A PROJECT YOU WOULD WANT Y.A.C. TO
COMPLETE?:**

Please submit to Kylie Fontaine at Colchester Youth Services at 127 Norwich Ave,
Suite 205 or e-mail to kfontaine@colchesterct.gov by August 30th.