



GUIDANCE | SHELTER | SUPPORT

**Youth Advisory Council Application**

Please send completed application to  
Ariz Jordan at [ariz.jordan@ccys.org](mailto:ariz.jordan@ccys.org)

Applicant Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Best Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_ Age: \_\_\_\_\_

School Attending 2020-2021: \_\_\_\_\_ Current Grade Level \_\_\_\_\_

Have you ever been suspended or expelled from school? If yes, please explain. This will not affect your ability to participate in YAC. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why would you like to participate in the Youth Advisory Council? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**Parent/Guardian Information** (If you are under the age of 18, at least one parent or guardian must provide information and sign application)

Full Name: \_\_\_\_\_ Best Phone Number: \_\_\_\_\_

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

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_