



Application for the
CMCA Youth Advisory Coalition
(Please Print)

Name: _____ Date of Birth: _____

Address: _____

City, State, Zip: _____

Race/Ethnicity: _____ Gender Male Female

School: _____

Year in School (2009 – 2010 school year)

- Middle School 7th Grade 8th Grade
- High School Freshman Sophomore Junior Senior
- College Other

Home Phone: _____ Cell Phone: _____

E-mail address: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Meeting Attendance:

Attending meetings is mandatory. Will you be able to attend meetings on a monthly basis? Each meeting will take approximately 2 hours and are scheduled to be held on the third Saturday of every month at the Volunteer of America offices at 1675 C St. Additional volunteer time will depend on the environmental strategies you are participating in and the amount of time you are committing to.

- Yes I can attend the mandatory meetings
- No I can not attend the mandatory meetings

If you can not attend these meetings how often would you miss the mandatory meetings? _____

Do you require help getting to the meetings? Yes No

Would you be able to assist others with carpooling if needed? Yes No



3. One strategy that may be used is a Public Service Announcement (PSA). If you were to help write/draw an ad to be put inside the People Mover busses to reduce underage drinking what would your PSA look like?

4. During your free time what do you do for fun?

Applicant: By signing this I agree to participate on the CMCA Youth Advisory Coalition and to conduct myself as an ambassador of Volunteers of America, Alaska. I agree to do my best and to be a positive role model in the community.

Youth Signature

Date

Parents/Legal Guardians: My signature affirms that I am aware and supportive of my child's application to the CMCA Youth Advisory Coalition. I have read the one page informational flyer and I understand what will be expected of my child. I agree with his/her time commitment and transportation plan.

I give my permission for photographs and videotapes of my child to be used in CMCA strategies/publications.

I do not give my permission for photographs and videotapes of my child to be used in CMCA strategies/publications.

Parent/Legal Guardian Signature

Date

