



## Youth Application for CMCA Coalition

(Please Print)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_ Gender:  Male  Female

School: \_\_\_\_\_

### Year in School:

- Middle School  7<sup>th</sup> Grade  8<sup>th</sup> 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**

