

**Aliive-Roberts County  
Youth Council Application Form**

Name \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

What school do you attend? \_\_\_\_\_

What types of activities are you involved with in school? \_\_\_\_\_

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What activities are you involved with outside of school? (spiritual, community, etc.) \_\_\_\_\_

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Do you work? \_\_\_\_\_ If so, where? \_\_\_\_\_

How did you hear about youth council? \_\_\_\_\_

What is your biggest barrier that you have from participating in community activities? \_\_\_\_\_

What qualities do you have that would make you a good volunteer? \_\_\_\_\_

What do you hope to gain from being in youth council? \_\_\_\_\_

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What are your educational or career plans after graduation from high school? \_\_\_\_\_

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Are you willing to sign a contract stating that you are drug and alcohol free and will remain so?

Yes \_\_\_\_\_ No \_\_\_\_\_

Are you willing and able to participate in media campaigns designed by the Youth Council?

Yes \_\_\_\_\_ No \_\_\_\_\_

**REFERENCES**

Please include one educational reference and one community reference. The educational reference may be either a teacher or an administrator. The community reference should be over twenty-one years of age and should not be a relative.

**Educational Reference:**

Name \_\_\_\_\_ Position \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

**Community Reference:**

Name \_\_\_\_\_ Position \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

**Emergency Contact:**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship to you \_\_\_\_\_

I hereby certify the facts set forth in the above application are true and complete to the best of my knowledge. As a parent I give consent for my child to use transportation provided by Aliive, use their voice, image and/or testimony in media. I release Aliive from any liability should by child be injured during sponsored activities.

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Signature of Volunteer \_\_\_\_\_ Date \_\_\_\_\_

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Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

