



# McKinleyville Teen Center Youth Advisory Council Application

Name: \_\_\_\_\_  
First Last

Address:

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

Phone Number(s): \_\_\_\_\_

Email: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Gender: Male Female

Please list any extracurricular activities that you have participated in?

Please list any work experience you have had.

What do you like to do for fun?

Why are you interested in being a part of the Youth Advisory Council?

What do you feel you can contribute to the Youth Advisory Council?

What do you hope to get out of being a part of the Youth Advisory Council?

Please write anything else you want us to know about yourself.

Thank you very much for your time!

Please send, drop off, or fax to:

**McKinleyville Parks and Recreation**

1656 Sutter Road, McKinleyville CA 95519

Tel: (707) 839-9003

Fax: (707) 839-5964

Email: [jason@mckinleyvillecsd.com](mailto:jason@mckinleyvillecsd.com)

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Life  
Better! <sup>SM</sup>**