



YOUTH ADVISORY COUNCIL MEMBERSHIP APPLICATION

Full Name: _____ Email: _____

Address: _____ Phone: _____

City, State, Zip Code: _____ Date of Birth: _____

School & grade: _____ Phone: _____

Do you currently have a parent on the Family Advisory Council?

Yes _____ No _____

If yes, who is the parent: _____

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

How involved would you like to be?

What other activities are you / have you been involved in?

Comments:

I hereby certify that the above information is completed to the best of my knowledge. I understand that I must maintain appropriate and confidential handling of personal information, JDCH patient and/or family members shall not be discussed by name in FAC meetings.

Signatures (youth & parent)

Date