



Youth Advisory Council (YAC) Application

Date:

Name:

Grade:

Mailing Address:

Age:

Phone Number: (home)
(cell)

Email:

Parent's Name:

Address (if different):

How did you hear about the Youth Advisory Council?

List your interests & activities. (hobbies, sports, clubs, organizations, positions etc.)

Why do you want to serve on the Youth Advisory Council?

Will you be able to regularly attend Youth Advisory Council meetings on a monthly basis? Yes No

Do you feel it is important for youth to have a voice in City government? Why?

What do you think is the biggest issue facing youth in our community today?

What do you think the YAC could do to help solve this issue?

I understand that if I am selected as a member of the City of Dallas's Youth Advisory Council, I will need to attend regular meetings and participate in a manner which brings honor and respect to the Council.

Student's Signature

Date

Parental Permission

I give permission for _____ (*student name*) to apply for the Youth Advisory Council. If selected, I will support _____ in attending meetings and functions of the Youth Advisory Council.

Signature of Parent or Guardian

Date

**Return completed application by [Wednesday, May 31st](#) to:
The City Manager's office at City Hall: 187 SE Court Street.
If you have questions, call the City Manager's office at
503-831-3502**