

# Youth Council Voice Connection 2016-2017 Application

## **Application Information and Criteria:**

- Currently or has been involved in a local community program
- Interested in addressing alcohol, tobacco, drug issues
- Someone who feels comfortable working with a diverse group of youth and adults
- Committed to attend YCVC meetings and FNL major events

All Youth Council meetings will take place at the Friday Night Live office address: 3525 Presley Ave Riverside, CA 92507 unless otherwise stated prior to the meeting.

## **Application Checklist:**

- Complete application entirely (please use additional paper if needed)
- Letter of understanding signed by you and your parent/guardian
- Make sure your application is received by April 29<sup>th</sup>, 2016

### **Mail to:**

Friday Night Live: Christopher Chagolla  
3525 Presley Ave Riverside, CA 92507

### **Fax to:**

(951)682-3576  
Attention: Christopher Chagolla

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## **Section one: Student Information**

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Name: \_\_\_\_\_

Date Of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Gender M/F: \_\_\_\_\_

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

High School Name: \_\_\_\_\_

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

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

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

Phone: (     ) \_\_\_\_\_

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## **Section two: Friday Night Live Experience**

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How did you hear about Youth Council Voice Connection?

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Have you ever attended any Friday Night Live events? (Magic Mnt, Active Youth Conference, etc.) If no then write no

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Are you an active Friday Night Live member/Club Live member at your school? Yes/No (Circle one)

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**Section three: Personal Traits**

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List a few of your strengths: \_\_\_\_\_  
\_\_\_\_\_

List a few of your weaknesses: \_\_\_\_\_  
\_\_\_\_\_

Are you involved in any extracurricular clubs or activities? \_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, understand that I am applying to become a member of the Youth Council Voice Connection (YCVC) for the 2016-2017 school year. Youth Council Voice Connection stands to create positive change in the community by giving youth (such as myself) a platform to advocate healthy living.

As an YCVC member I will not only be involved in planning events, but I will also participate in providing outreach to the Riverside County community. I am ready to take on the challenge of representing Riverside County youth at various events, conferences, forums as well as in my own home community. I will present myself as a leader at all times.

I understand the commitment to attend YCVC meetings throughout the year. As a member I will stay in contact with the Youth Council Voice Connection Advisors (Christopher and Jessica) in regard to any questions or concerns I might have. I have read this message entirely and agree with all that is stated.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

As the parent of \_\_\_\_\_ I, \_\_\_\_\_ will do all that I can to support my child in his/her continuous participation with in Youth Council Voice Connection.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_