



YOUTH ADVISORY COUNCIL APPLICATION

SECTION 1: YOUR INFORMATION

Name: _____ Age: _____

Gender: _____ Ethnicity: _____

School: _____ Grade: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Home Street Address: _____

Are you part of community based organization? No Yes

Name of organization: _____

Employer: _____

Name of Parent/Guardian: _____ Phone No: _____

Emergency Contact Name: _____ Phone No: _____

SECTION 2: YOUR OPINIONS

1. Why do you want to serve on the ABC30 Youth Advisory Council?

2. Describe one news story in your neighborhood or community that you would like ABC30 to cover in the future.

3. How do you get your news and information? Select only the sources that apply to you and provide at least one example for each of your selections.

Friends/Family _____

Newspaper/Magazines _____

Radio _____

School/Work _____

Social Media _____

Television _____

Websites _____

Other _____

SECTION 3: YOUR COMMITMENT

By signing below, I confirm that I meet and agree to the requirements outlined below. I fully understand the commitment required in order to participate on the ABC30 Youth Advisory Council and I am willing to make this commitment. I further agree to conduct myself in the utmost professional and respectful manner.

1. I am between 16-24 years of age.
2. I am connected to a community based organization.
3. I will be responsible for my transportation to all trainings and meetings.
4. I will attend and participate in the mandatory communications training.
5. I will attend and participate in three quarterly meetings at ABC30.

Your Signature: _____ Date: _____

SECTION 4: PARENT/GUARDIAN PERMISSION – IF YOU ARE UNDER 18 YEARS OF AGE

Parent/Guardian: By signing below I am giving permission to my son/daughter to participate in the ABC30 Youth Advisory Council and all related activities. I understand that my son's/daughter's participation will involve attendance at meetings, trainings, and other special events that may occur on evenings and/or weekends. I agree to support my son/daughter to the best of my ability.

Parent/Guardian Signature: _____ Date: _____

Please send completed application to:
Sandra Celedon-Castro
Fresno Building Healthy Communities
4949 E. Kings Canyon Road
Fresno, CA 93727
or e-mail to scedon@fresnobhc.org