

TOWN OF CARRBORO

Application for Membership on the Youth Advisory Board

Applications for this Board will be reviewed by the Mayor in conjunction with a staff liaison. All applications will be kept confidential. Demographic information is asked to help ensure diversity on the Board. Information and requirements of this Board can be found in Chapter III, Article IV Section 3-24.13 of the Town Code.

(<http://www.townofcarrboro.org/DocumentCenter/View/99>)

NAME: _____ DATE: _____

ADDRESS: _____

TELEPHONE: [HOME/CELL] (_____) _____

E-MAIL ADDRESS: _____

DATE OF BIRTH _____ RACE/ETHNICITY: _____ GENDER IDENTIFICATION: _____

AGE: _____ SCHOOL: _____

WHAT QUALIFIES YOU TO BE A MEMBER OF THE YOUTH ADVISORY BOARD? CHECK ALL THAT APPLY.

RESIDE IN CARRBORO _____

GO TO SCHOOL IN CARRBORO _____

WORK IN CARRBORO _____

NAME OF PARENT/GUARDIAN _____ TELEPHONE (HOME/CELL): _____

EMAIL: _____

By applying for the Youth Advisory Board, I recognize there will be a mutually agreed upon one (1) meeting per month which will require my attendance. I am able to commit to this time requirement.

SIGNATURE: _____

What other activities do you participate in at school or outside of school? We want to understand your interests and your current time commitments. Please include work, clubs, sports, and volunteer roles you may play at school or in the community.

Continue to Next Page.

REASONS YOU WISH TO BE APPOINTED

WHAT TOWN ISSUES DO YOU BELIEVE ARE IMPORTANT TO YOUTH IN CARRBORO?

*RETURN THIS FORM TO: JULIE ECKENRODE, ASSISTANT TO THE TOWN MANAGER
301 WEST MAIN STREET, CARRBORO, N.C. 27510
www.townofcarrboro.org*

(Please note that this document and the information contained on it is a public record and must be provided by the town to anyone requesting a copy of it.)