



JAMES CITY COUNTY

Division of Parks and Recreation

5300 Palmer Lane, Suite 1A

Williamsburg, VA 23188

Office: (757)259-5356

Fax : (757)259-5358

YOUTH ADVISORY COUNCIL APPLICATION

Contact Information

Last: _____ First: _____ MI: _____

Street/PO Box: _____ County: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Your Cell Phone: _____

Your Email: _____

Parent Name: _____ Parent Cell Phone: _____

Parent Email: _____

Professional Development/Personal Information

How did you hear about the Youth Advisory Council?

____ Parks and Recreation Activity Brochure

____ Youth Council Brochure

____ County Employee

____ County Website

____ School

____ Other _____

What school do you attend? What grade will you be in Fall '11?

Please list your hobbies/interests:

Please list any extracurricular activities (groups, organizations, clubs, etc.) you are involved in:

Please list your volunteer/work experience:

If you could change one thing in your community what would it be and why?



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References

Please list two references:

These can be school counselors, teachers, leaders, mentors, or other adults that can speak to your abilities and personality traits.

1. Name: _____

Occupation: _____

Phone Number: _____

2. Name: _____

Occupation: _____

Phone Number: _____

Please attach a one page letter of reference from a school counselor, teacher, leader, mentor or other adult that can speak to your abilities and personality traits.

Signatures

The James City County Youth Advisory Council is a group of young leaders dedicated to making a difference in their community. If selected as a member of the Youth Advisory Council there is a one year commitment to serving your community and fellow teens to the best of your ability. You will be asked to attend bi-monthly mandatory meetings and some special events. Please sign that you have read the information and responded to the questions honestly and to the best of your knowledge:

Signature

Date

Parent or Guardian Witness

Date

