



Columbus Medical Association Foundation's

# YOUTH ADVISORY COUNCIL

## MEMBERSHIP APPLICATION

1390 Dublin Road · Columbus, Ohio 43215 · (614) 240-7420 · Fax (614) 643-3804

<i>For Office Use Only</i>				
Receipt Date _____	Approved	Y	N	
Orientation Date _____	First Meeting Date	_____	_____	_____

Full Name (Print) \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Mobile: \_\_\_\_\_

Email (if applicable) \_\_\_\_\_

School Attending \_\_\_\_\_ Grade \_\_\_\_\_

Principal's name \_\_\_\_\_ School Phone \_\_\_\_\_

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

Address (if not same as yours) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile \_\_\_\_\_

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

Address (if not same as yours) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile \_\_\_\_\_

### Emergency Contact Information

List the name and address of two people we may contact if your parents cannot be reached.

NAME	ADDRESS	CITY	STATE	PHONE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please list all extracurricular activities below:

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Please list any special training or course work below:

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Please list the names of and phone numbers of two personal/character references.

NAME

PHONE

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1. Describe yourself as a person and why you are hoping to become a part of the Youth Advisory Council.

2. In what ways could you add to the diversity and perspective of the Youth Advisory Council?

3. What do you think is the biggest health issue facing youth in Central Ohio and what should your generation do to create a healthier community?

4. How did you find out about the Youth Advisory Council?