



## **Otsego Community Foundation Youth Advisory Committee**

**Mission: To provide the youth with a voice to empower the community through positive impact and growth, one grant at a time.**

### **Membership Commitment**

**Please return this application to the Foundation office or email to [karin@otsegofoundation.org](mailto:karin@otsegofoundation.org)  
If you have any questions, please contact Karin Beyer (989) 731-0597.**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Male/Female: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

(this may be used to contact you about a membership meeting notices!)

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

Grade in the 2018/2019 school year (ex:8<sup>th</sup>, 9<sup>th</sup>, 10<sup>th</sup>, 11<sup>th</sup>): \_\_\_\_\_

Favorite School Subject and Why: \_\_\_\_\_

\_\_\_\_\_

Extra-Curricular Activities: \_\_\_\_\_  
\_\_\_\_\_

YAC meets monthly during the school year. One of the responsibilities of being on the YAC is attending the meetings. Will you be able to attend monthly meeting?

Yes\_\_\_\_ No\_\_\_\_

In your own words, explain why you would be a good YAC member?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In your opinion, what is the most critical issue facing youth today and why?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_

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

-----

Signed:

(Parent or Guardian)

Date:

Email and Telephone: