

**Mt. Pleasant Area**  
**community foundation**<sup>SM</sup>

For **good.** For **ever.**<sup>SM</sup>

***Youth Advisory Council Application***

This form must be submitted to the YAC  
Please send to [emma.powell@cmich.edu](mailto:emma.powell@cmich.edu)

**\*\*Save this document to complete and submit your responses. Use your name as the title\*\***

**Name:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Year of Graduation:** \_\_\_\_\_

**Current School:** \_\_\_\_\_

**If you are not currently in high school, what high school do you plan to attend:**

\_\_\_\_\_

**Cell Phone Number (if applicable):** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **City/Zip Code:** \_\_\_\_\_

**Name(s) of Parents and/or Guardian:** \_\_\_\_\_

**Phone Number of a Parent and/or Guardian:** \_\_\_\_\_

**Email Address of a Parent and/or Guardian:** \_\_\_\_\_

**How did you learn about the YAC/Who was your Senior recommendation?**

\_\_\_\_\_

**Please list any other extracurriculars you are involved in and the number of hours you spend with each one. If you do not have any, please put N/A.**

\_\_\_\_\_

\_\_\_\_\_

**We know that many issues face youth today. From the list below, please star (\*) the top three issues you feel are important to address in our community. Is there an issue you feel is important that isn't on the list? Let us know- we love to hear new ideas!**

- |   |  |
|---|--|
| <input type="checkbox"/> Arts                 | <input type="checkbox"/> Violence/Victimization        |
| <input type="checkbox"/> Bullying             | <input type="checkbox"/> Juvenile Delinquency          |
| <input type="checkbox"/> Cyberbullying        | <input type="checkbox"/> Mentoring (Adult Role Models) |
| <input type="checkbox"/> Diversity/Inclusion  | <input type="checkbox"/> Poverty                       |
| <input type="checkbox"/> Education            | <input type="checkbox"/> Recreation                    |
| <input type="checkbox"/> Environmental        | <input type="checkbox"/> Substance Abuse               |
| <input type="checkbox"/> Health               | <input type="checkbox"/> Teen Pregnancy                |
| <input type="checkbox"/> Homelessness/Housing | <input type="checkbox"/> Other: _____                  |
| <input type="checkbox"/> Technology           | _____  |

**Using the issues you've selected above, which one do you feel is the top issue facing youth today and why?**

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**Why do you want to be a part of the YAC?**

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**Please list two qualities that you could contribute to the YAC.**

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**YAC meetings are held from 4pm to 5pm every second Sunday of each month. Would you be available to attend all or most meetings? (please star (\*) one)**

Definitely     Probably     Not really     I cannot

**How many hours (if any) a month would you be able to commit to YAC? (outside of regular YAC meetings):**

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