

My Civic Life

Fostering leadership and civic engagement among youth

2017-18 YOUTH ADVISORY BOARD APPLICATION

Please complete the information in Sections 1-3 and provide signatures on Section 4.

Responses are for internal use only by The Rapides Foundation staff.

Applications must be submitted by **Friday, September 1, 2017** to:

Fax to 318-448-4473 OR Email to: akeshia@rapidesfoundation.org

Section 1: Applicant information:

Name: _____

Address: _____

City/State/Zip: _____

Parish: _____

School: _____

Are you a member of the YVC club at your school during 2017? _____ YES _____ NO

Grade level during 2017-18 school year (please circle or **highlight**):

_____ 10th _____ 11th _____ 12th

Home phone number: _____

Cell phone number: _____

E-mail address: _____

Guardian #1 name: _____

Guardian #1 cell number: _____

Guardian #1 e-mail address: _____

Guardian #2 name: _____

Guardian #2 cell number: _____

Guardian #2 e-mail address: _____

Preferred method(s) of contact (please circle or **highlight** all that apply):

_____ Home phone _____ Cell phone _____ E-mail _____ Text message

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Section 3: Recommendation

Include a **LETTER OF RECOMMENDATION** from a current school faculty, employer, civic club advisor or other adult (**NOT** a family member) who knows you well and can speak to your qualifications for this role. Please include their **contact** information in the Letter.



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Section 4: VERIFICATION

I, the undersigned, have read the 2017-18 My Civic Life Youth Advisory Board (YAB) expectations, and agree to abide by them should pending selection to serve on the Board.

I, the undersigned, acknowledge that The Rapides Foundation and its representatives may learn basic information about the applicant through the student's voluntary participation in the Youth Advisory Board or the YVC club activities, including the information on this form. I, the undersigned, authorize The Rapides Foundation to receive such information as provided by Louisiana Revised Statute § 17:3914(C) (2) (c).

I, the undersigned parent/guardian, further authorize The Rapides Foundation and its representatives to communicate directly with the undersigned student about the Youth Advisory Board through the contact methods and information provided on this application.

Student Signature

Date

Parent/Guardian Signature

Date

Return the completed, signed application and Letter of Recommendation by Saturday, September 1, 2017 to:

Akeshia Singleton

YVC Program Director

Fax to 318-448-4473 OR Email to: akeshia@rapidesfoundation.org