



ROSCOMMON COUNTY  
Community Foundation

Youth Advisory Council  
Member Information

**Name:** \_\_\_\_\_  
(Please Print)

**Home Address:**

\_\_\_\_\_  
(Number & Street) (City) (State) (Zip)

**Home Phone:** (\_\_\_\_) \_\_\_\_\_ **Cell Phone:** (\_\_\_\_) \_\_\_\_\_

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

**Date of Birth:** \_\_\_\_\_ **Gender:** Male \_\_\_\_ Female \_\_\_\_

**Current Grade:** \_\_\_\_\_

**Hobbies/Interests:** \_\_\_\_\_

\_\_\_\_\_

**School/Community Activities and Organizations in which you are involved:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Volunteer/Work Experience:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Why do you want to serve on the Youth Advisory Council?** \_\_\_\_\_

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**What are your future plans after high school?** \_\_\_\_\_

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**How did you hear about the Youth Advisory Council?** \_\_\_\_\_

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**Parent(s)/Guardian(s) name(s):**

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**Parent(s)/Guardian(s) Cell Phone:** \_\_\_\_\_

**Parent(s)/Guardian(s) Work Phone:** \_\_\_\_\_

**Name of Student:** \_\_\_\_\_

(Please Print)

**Signature of Participant:** \_\_\_\_\_

**Suzanne E. Luck, Executive Director and YAC Coordinator of RCCF**

701 Lake Street P.O. Box 824 Roscommon, MI 48653

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