



ROSCOMMON COUNTY  
Community Foundation

## Youth Advisory Council Application Form

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

Home Address: \_\_\_\_\_  
Street Address City State Zip

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

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

\*Email will be used to send meeting reminders

School: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Age: \_\_\_\_\_

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

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Share something that you have been a part of that has had an impact on you:

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If you had \$1,000, how would you use it to improve the quality of life in Roscommon County?

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What do you hope to achieve by being a member of the Youth Advisory Council?

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What qualities do you have that you could bring to 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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By applying, I also pledge to accept and follow-through on the responsibilities that come with this position:

- To attend meetings held monthly. If I have to miss a meeting, it will be an exception to my regular attendance and I will give my Advisor at least 2 days' notice.
- To review my packet of grant requests and other information that is sent to me before the Grant Presentation meeting begins, so that I may be prepared and contribute to the meeting.
  - In order to be eligible to participate in the fall grant screening, members **MUST** attend September's orientation meeting.
  - In order to be eligible to participate in the spring grant screening, members may not have exceeded two absences.
- To avoid conflicts of interest and appropriately handle actual or apparent conflicts of interest in my relationships.
- To keep meeting materials and discussions confidential.
- To be a responsible steward of the money allocated for youth in our community. I will form my opinions objectively and without bias so that decisions made reflect the community's best interest.
- I understand that action which reflects negatively on the YAC and/or the RCCF may be considered grounds for review of my continued membership.

**By signing, I agree to the above terms and acknowledge that the information provided in this application is accurate.**

**Applicant's Signature:**

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

**Parent/Guardian Signature:**

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