

Youth Advisory Board Application

Parents, feel free to assist your child in putting their thoughts onto paper, if need be.

Name: _____

School: _____

Phone number you can be reached at: _____

Current grade in school: (please circle) 3 4 5 6 7 8 9 10 11 12

Age: _____

Your personal email address (if you have one):

How often do you check your own email?

Not Often: _____ Weekly: _____ Daily: _____ Twice or More Daily: _____

Parent/Guardian

Name(s): _____

Parent/Guardian Email(s):

Will you have transportation to attend meetings? Yes or No

Are you willing to help with fundraisers and events? Yes or No

Have you previously been a member of the YAB? Yes or No

If yes, what years?

What is the best way to communicate with you? (please circle)

Email Phone Other: _____

Please list any allergies or medical conditions you may have:

Why do you want to be on the Youth Advisory Board?

Are your interests more geared towards fundraising, community service, or both?

What ideas do you have for the Youth Advisory Board?

The richness of your experience with Youth Advisory Board (YAB) depends on you. Commitment and service are expected of you as a part of YAB. Your creativity, leadership, and ideas are important to us! Please sign below to acknowledge your understanding of this statement.

Applicant's Name:

Applicant's Signature:

Parent/Guardian Name:

Parent/Guardian Signature:

Date:

*Please return completed application in person, by mail to the museum, or by emailing it to info@mpdiscoverymuseum.org.