



Youth Advisory Board Application

Fill out all below fields to be considered for the Corvallis Affiliate's Youth Volunteer Corps' Youth Advisory Board. If you have any questions about the application you can contact Brynna Burns at Brynnan.Burns@corvallisoregon.gov 541-766-6467.

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Date of Birth: _____

Email: _____

Name of Parent/Guardian: _____

Parent/Guardian Phone Number: _____

School: _____ Current Grade: _____

How did you hear about YAB? _____

Write 2-4 sentences answering each of the following questions and attach your responses to this completed form.

1. Name a time you showed initiative and/or leadership in your life. This can be on a group project, at a volunteer event, within your friend group, at home, or anything else you feel is significant.
2. Describe a volunteer project you have worked on and why you felt it made a difference.
3. What is an idea you have for improving YVC?
4. Do you have any questions about the program? If not, what is your favorite and least favorite aspect of YVC? Why?