

## 2016-2017 COYAC Membership Application

The Colorado Youth Advisory Council does not discriminate against any member or potential member on the basis of race, family income, gender, ethnicity, religion, sexual orientation, or disability.

### APPLICANT INFORMATION

Last Name:	First Name:	Middle Initial:
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Preferred Name (Name to be used on business cards and name badge):

Date of birth:	Sex:	<input type="checkbox"/> Female	<input type="checkbox"/> Male
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Primary Phone Number:	<input type="checkbox"/> Cell <input type="checkbox"/> Home	Secondary Phone Number:	<input type="checkbox"/> Cell <input type="checkbox"/> Home
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Physical Address:

City:	State:	ZIP Code:
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Mailing Address (if different from above):

City:	State:	ZIP Code:
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Senate District: ***Don't know your district? Find it here: [Colorado.gov](http://Colorado.gov)***

Primary E-Mail Address:	Secondary E-Mail Address:
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As a member of COYAC, you will be required to respond to inquiries from Engaged Public and your fellow council members in a timely manner. If you are unresponsive, you may be eligible for removal from the council. As such, please indicate the best way to contact you? (Circle two options)

Email      Cell phone call      Cell phone text      Home phone      Facebook      Other (please explain)

COYAC strives to reflect the diversity of youth across Colorado, and actively recruits students from all parts of the state and from all racial and ethnic backgrounds. By providing this information, you will assist the Council in reaching this goal.

Race/Ethnicity:

- American Indian or Alaskan Native
- Asian
- Black/African American
- Hispanic/Latino
- White/Caucasian
- Other: \_\_\_\_\_

### EDUCATION INFORMATION

Current school:

School address:

City:	State	ZIP Code:
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School Contact Person:	Phone Number:
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E-mail Address:	Fax Number:
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Current grade:	Expected grade during 2016-2017 school year:
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COYAC terms are for two years, initial here to affirm you are able to serve a two year appointment on the Council \_\_\_\_\_

### PARENT/GUARDIAN CONTACT INFORMATION

Primary Parent/Guardian Name:

Address:	Phone:
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City:	State:	ZIP Code:
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Primary Phone Number (Best contact number):	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
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Secondary Phone Number:		<input type="checkbox"/> Cell
		<input type="checkbox"/> Home
		<input type="checkbox"/> Work
Parent/Guardian E-Mail Address:		
Secondary Parent/Guardian:		
Address:		Phone:
City:	State:	ZIP Code:
Primary Phone Number (Best contact number):		<input type="checkbox"/> Cell
		<input type="checkbox"/> Home
		<input type="checkbox"/> Work
Secondary Phone Number:		<input type="checkbox"/> Cell
		<input type="checkbox"/> Home
		<input type="checkbox"/> Work
E-Mail Address:		
<b>EMERGENCY CONTACT PERSON</b>		
Name:		
Phone Number:		Relationship:
<b>ESSAY QUESTIONS</b>		
What are some of the important issues that young people face in your community?		
Answer here. Please limit response to 250 words.		
Please describe the activities that you are involved with both in and out of school?		
Answer here. Please limit response to 250 words.		
Why do you want to serve as a member of the Colorado Youth Advisory Council? What skills, talents and/or unique perspectives will you bring to the Council?		
Answer here. Please limit response to 250 words.		
<b>SIGNATURE</b>		
My signature verifies the authenticity of the information provided here within. I understand that information provided in this application will be use to evaluate my eligibility to serve on the Colorado Youth Advisory Council. I also understand that an application to the Colorado Youth Advisory Council does not guarantee a position on the Council. I understand that Council positions are two year commitments. If accepted I agree to serve the full term of my appointment.		
Signature of applicant:		Date:

Email applications in Word or PDF format to: [info@coyac.org](mailto:info@coyac.org) or;

Print and mail application to:

Engaged Public

1490 Lafayette St Suite 306

Denver, CO 80218