|  |  |  |
| --- | --- | --- |
| Name |  | [ ] Male [ ]  Female |
| (First) | (MI) | (Last) |  |
| Address |  |  |
|  | (Street/P.O. Box) | (City) | (State) | (Zip) |
| Primary Phone |  | Cell Phone |  | Work Phone |  |
| Email |  | Occupation  |  |
|  |  |  |
|  |  |  |  |  |  |
| Do you have previous experience as a Youth Advisor? | Yes |[ ]  No |[ ]   |
|  |  |  |
| High School Attended: |  |  |  |
| College or University Attended: |  |  |
|  |  |  |  |
|  |  |  |
| List Current Memberships and Offices held: |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |
| Why you would be a good Advisor for the WYC?  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |
| What visions and/or goals do you have for this Council? |  |
|  |  |
|  |  |  |  |  |  |
|  |  |
| SIGNATURE |  |
|  | Date: |  |
|  |  |  |
| **The information requested below is optional (you may choose more than one):** |
| [ ] White (Non Hispanic) | [ ] Asian or Pacific Islander |
| [ ] Black (Non Hispanic) | [ ] American Indian or Alaskan Native |
| [ ] Hispanic (Mexican, Puerto Rican, Cuban, Central, or  South American or Spanish origin regardless of race |  |
|  |  |
|  |  |  |  |  |  |

OFFICE USE ONLY:
AIT[ ]  AP[ ]  NA[ ]

IT[ ]  OT[ ]  OTR[ ]