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| Name | |  | | | | | | | | | | | | | | | | | | | | | | | | | | Male  Female | | | | | | |
| (First) | | | | | | | | | (MI) | | | | | | (Last) | | | | | | | | | | | | |  | | | | | | |
| Address | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
|  | | | | | (Street/P.O. Box) | | | | | | | (City) | | | | | | | | | | | | | | | | (State) | | | | | | (Zip) |
| Primary Phone | | | | | |  | | | | | Cell Phone | | |  | | | | | | | | | | | | | Work Phone | | | | | |  | |
| Email | | |  | | | | | | | | | | | | | | | | | | | Occupation | | | | | | | |  | | | | |
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| Do you have previous experience as a Youth Advisor? | | | | | | | | | | | | | | | | Yes | | | |  | No | | | | | | |  | | |  | | | |
|  | | | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | |
| High School Attended: | | | | | | | |  | | | | | | | | | | | | | | |  | |  | | | | | | | | | |
| College or University Attended: | | | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | |
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| List Current Memberships and Offices held: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
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| Why you would be a good Advisor for the WYC? | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | |
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| What visions and/or goals do you have for this Council? | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
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| SIGNATURE | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | Date: | | | | | | | | | | | | | | | |  | | | | | | | | |
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| **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 | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
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