



# Application Form

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Age: \_\_\_\_\_

Grade: \_\_\_\_\_

Name of School  
currently attending: \_\_\_\_\_

Please list the reasons why you would like to become a member of the Teen Advisory Board:

---

---

---

---

---

Please list any hobbies, clubs, volunteer work, or other activities that you participate in:

---

---

---

*For Administration Purposes only*

Reviewed By \_\_\_\_\_

Date \_\_\_\_\_