

County of Riverside Youth Advisory Council Application

PLEASE RETURN TO ADDRESS BELOW

Requirements:

- Be a high school student
- Reside within the Third Supervisorial District in Riverside County
- Have adequate time and transportation to serve (*term lasts 1 school year*)

◆ PLEASE PRINT LEGIBLY ◆

Full Name: _____ D.O.B: _____

Address: _____ City: _____ Zip: _____

Cell Ph #: _____ Home Ph #: _____

High School Name: _____ Grade: _____

Emergency Contact (Name): _____ Relationship: _____

Emergency Contact #: _____ Medical Conditions: _____

Why would you like to serve in the Youth Advisory Council?

Please list any educational, vocational, personal experience and/or community participation that you feel would aid you in serving in the council.

Signature: _____ Date: _____

PLEASE RETURN TO:
37600 Sky Canyon Dr. Ste 505
Murrieta, CA 92563 OR
FAX (951) 677-6076

QUESTIONS? CONTACT Yecenia Cervantes or Corinne Daly at (951) 955-1030