

B'More for Healthy Babies Youth Advisory Council Application

EMAIL COMPLETED APPLICATIONS TO youthadvisorycouncil2012@gmail.com or mail applications to

Cassandra Davis
Baltimore City Health Department
1001 E. Fayette St.
Baltimore, MD 21202

Please refer any questions to Cassandra Davis at Cassandra.Davis@baltimorecity.gov

I. ABOUT YOU

FULL NAME _____

AGE _____ BIRTHDAY _____ GENDER _____

HOME ADDRESS _____

HOME PHONE (____) _____ CELL PHONE (____) _____

EMAIL ADDRESS _____

DO YOU ATTEND SCHOOL? ** _____ YES _____ No

IF SO, WHAT SCHOOL? _____

WHAT GRADE ARE YOU IN? _____

**** YOU ARE ELIGIBLE FOR THE YOUTH ADVISORY COUNCIL EVEN IF NOT IN SCHOOL.**

DO YOU HAVE A JOB? _____ YES _____ No

IF SO, WHERE DO YOU WORK? _____

WHAT OTHER ACTIVITIES DO YOU PARTICIPATE IN? _____

WHAT NEIGHBORHOOD DO YOU LIVE IN? _____

WHAT LANGUAGES ARE SPOKEN IN YOUR HOME? _____

DO YOU HAVE ANY CHILDREN? *** _____ YES _____ No

IF SO, HOW OLD ARE THEY? _____

***** CHILDCARE CAN BE PROVIDED FOR YOUTH ADVISORY COUNCIL MEMBERS WITH CHILDREN.**

II. MORE ABOUT YOU

PLEASE ANSWER EACH OF THE FOLLOWING QUESTIONS IN 2-3 SENTENCES.

1. WHY DO YOU WANT TO BE A PART OF THE YOUTH ADVISORY COUNCIL?

2. WHAT DO YOU HOPE TO GAIN BY BEING A COUNCIL MEMBER?

III. PARENT/GUARDIAN INFORMATION (REQUIRED IF APPLICANT IS UNDER 18)

PLEASE PROVIDE US WITH INFORMATION FOR ONE PARENT/GUARDIAN.

PARENTS AND GUARDIAN INFORMATION IS ONLY USED IN THE EVENT OF AN EMERGENCY DURING A YOUTH ADVISORY COUNCIL ACTIVITY.

PARENT/GUARDIAN NAME _____

ADDRESS _____

HOME PHONE (____) _____ CELL PHONE (____) _____

EMAIL ADDRESS _____

I GIVE PERMISSION FOR MY CHILD TO PARTICIPATE IN THE BALTIMORE CITY HEALTH DEPARTMENT YOUTH ADVISORY COUNCIL.

X _____

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