



Please list all extracurricular activities below:

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Please list any special training or course work below:

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Please list the names of and phone numbers of two personal/character references.

NAME

PHONE

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1. Describe yourself as a person and why you are hoping to become a part of the Youth Advisory Council.

2. In what ways could you add to the diversity and perspective of the Youth Advisory Council?

3. What do you think is the biggest health issue facing youth in Central Ohio and what should your generation do to create a healthier community?

4. How did you find out about the Youth Advisory Council?