



## Youth Advisory Committee Application

Name (first and last):

Date of Birth:

Club/Association:

Gender:

(Please check all that apply)

Male       Trans

Female       Other

Pronouns \_\_\_\_\_

Ethnicity:

(Please check all that apply)

South Asian       Black or African       Middle Eastern

Southeast Asian       American       European

East Asian       Hispanic Latinx       Indigenous

Decline to Answer

Additional \_\_\_\_\_

In a letter, of no more than 2 paragraphs please tell WYS how you will contribute to the Youth Advisory Committee and any special interest you have.

If you have held additional leadership roles, please tell us about them.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_