



2020 APPLICATION Youth Advisory Board

Name: _____ Age: _____ Gender: _____

Phone: _____ E-mail: _____

Do you read your email regularly? YES NO

Best way to contact you? _____

What kind of work or volunteering have you done in the community or in your school?

What are your special abilities and/or talents?

Why do you think it's important to have a Youth Advisory Board at Clock, Inc?

Why do you want to be a member of Clock, Inc's Youth Advisory Board?

What ideas or goals do you have to contribute as a Youth Advisory Board Member?

To your knowledge, would you be able to commit for an entire year? YES NO

Have you ever been to a Clock, Inc group, event or participated in any of their programs?
Please explain:

Signature: _____

Date: _____