

Dublin A.C.T. Coalition 2011-12 Youth Council Application

Name: _____ School: _____ Grade: _____

Address: _____ City _____ Zip _____

Home Phone # _____ Cell phone # _____

Email: _____

Youth Council Member – I will commit to serve as a community representative for the Dublin Youth Council Underage Drinking Initiative by taking on an advanced leadership role. I will be responsible for all classroom time/school work missed. Youth Council member duties include: attending Youth Council meetings and follow up as needed, participating in action-oriented projects within the Dublin community, may need to attend some other meetings outside of school time.

Please complete the following questions:

1. Why do you have an interest in working on solutions for Underage Drinking and other drug use in Dublin?

2. Please share why you should be selected as a member of the Dublin Youth Council?

1. Please list all other extra-curricular activities you are/will be involved with in the 2011-12 school year (*continue list on back of page if needed*):

I commit to being alcohol, tobacco, and other drug free for the school year 2011-12.

Signature

Date

Please return this form to your High School Guidance Office by October 14th

A coalition acting in response to the U.S. Surgeon General's Call to Action - "It's Your Call"