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# Youth Advisory Board Application

*Please submit this application to Sasha Solov by e-mailing it to* *ssolov@life-span.org* *by Friday,* ***July 26th, 2019****.*

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  |  |  | Age: |  |

|  |  |  |
| --- | --- | --- |
| School:  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | E-mail: |  |

## Application Questions

Why are you interested in being on the Youth Advisory Board for this project?

What are your favorite social media platforms?

How did you hear about this opportunity?

## Scheduling

Can you commit to about 6 Youth Advisory Board meetings between August and December 2019? [ ]  Yes [ ]  No

What are the best times for you to meet in August? [ ]  Morning [ ]  Afternoon [ ]  Evening

What are the best days of the week for you to meet in August?

[ ]  Monday [ ]  Tuesday [ ]  Wednesday [ ]  Thursday [ ]  Friday [ ]  Saturday [ ]  Sunday

What are the best times for you to meet during the school year? (After Labor Day, September 2nd)

[ ]  Morning [ ]  Afternoon [ ]  Evening

What are the best days of the week for you to meet during the school year?

[ ]  Monday [ ]  Tuesday [ ]  Wednesday [ ]  Thursday [ ]  Friday [ ]  Saturday [ ]  Sunday