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# Youth Advisory Board Application

*Please submit this application to Sasha Solov by e-mailing it to* [*ssolov@life-span.org*](mailto: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