

Date: _____

Teen Center Advisory Committee Application

(PLEASE PRINT NEATLY)

First Name: _____ Last Name: _____

Cell Phone: _____ Home Phone: _____

E-Mail: _____

Address: _____

Street

City

State

Zip

School: _____ Grade Level: _____

Special Abilities (Art, Technology, Bilingual, etc.): _____

Volunteer or Work Experience: _____

Awards: _____

Additional Comments: _____
