SWEET HOME YOUTH ADVISORY COUNCIL

APPLICATION AND PARENT PERMISSION FORM

Name: Natali Chase Age: 17

Addre[redacted]

Phone

School Currently Attending: Sweet Home High School Grade: 11th

Parent(s) Name: Lisa Chase Phone: [redacted]

Emergency Contact Name: Tim Chase Phone:

1. Please tell us a little about yourself and why you are interested in serving on the Youth Advisory Council.

I am very involved and invested in Sweet Home. I do Drama club, choir, Band, I work Concessions, and am a member of the National Honor Society. I have called Sweet Home my home my whole life and

2. Please list below five issues you think are important to the youth and or the overall success of Sweet Home as a community.

[Even driving 30+ miles a day to stay a part of it.]

- The arts, and community involvement in them.
- More activities in Sweet Home for Teens. (Bowling/skating/mini golf)
- mental health support (individual/family)
- Transportation accesability (uber/lyft)
- Teen job search support

3. Are you able to commit to attending YAC meetings monthly and other meetings and events as scheduled?

Yes X No

If "No" please explain why:

City of Sweet Home
YAC Application and Parent Permission

4. Selection
I understand that as part of the selection and appointment process to the YAC that I must attend a mandatory pre-appointment orientation with at least one parent/legal guardian. I/we further acknowledge that the City Council may remove me from this appointment for deficiencies in the performance of duties as outlined in the YAC Charter and Bylaws.

Natali Chase Date: 1-19-2020
YAC Applicant Signature

Natali Chase
Printed Name of Applicant

Parent Permission:

By signing below, I/We hereby grant permission for Natal. Chase to participate in the City of Sweet Homes' Youth Advisory Council if selected and appointed. We acknowledge that regular meetings will be held once a month. We further acknowledge that I/we have reviewed the bylaws governing the Sweet Home Youth Advisory Council with our child and understand that from time to time there may be additional activities, meetings and events that my child will be asked to participate in, subject to my/our approval.

Date: 1-19-2020
Parent Legal Guardian Signature

Lisa Chase
Printed Name of Parent/Legal Guardian

Date: 1-19-2020
Parent Legal Guardian Signature

Tim Chase
Printed Name of Parent/Legal Guardian

Received:
Orientation:_____Date:_____
City Council Interview:_____Date:_____
Appointed for term:_____ to _____

Revised: October 2017