SWEET HOME YOUTH ADVISORY COUNCIL

APPLICATION AND PARENT PERMISSION FORM

Name: Serenity "TEA" Herrera Age: 14

Address: [redacted] City: S H Zip: 97386

Phone: [redacted] E-mail: Work:

School Currently Attending: [redacted] Grade: 8

Parent(s) Name: Sheila Herrera Phone: [redacted]

Emergency Contact Name: Shelby Adams Phone:
After mom

1. Please tell us a little about yourself and why you are interested in serving on the Youth Advisory Council.
Im interested in gaining/serving the Youth Advisory Council because of the knowledge I can offer and learning more

2. Please list below five issues you think are important to the youth and or the overall success of Sweet Home as a community.
1 Safty
2 The Health of ourselves & others
3 letting others know what's happening
4 the town being overall a safe environment
5 Get the people of sweethome in on more

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.

Serenity(tea) Herrera Date: 5/18/21
YAC Applicant Signature

Serenity(tea) Herrera
Printed Name of Applicant

Parent Permission:

By signing below, I/We hereby grant permission for Serenity Tea Herrera 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.

Sheila M Herrera Date: 05/12/2022
Parent Legal Guardian Signature

Sheila M Herrera
Printed Name of Parent/Legal Guardian

N/A Date:
Parent Legal Guardian Signature

Printed Name of Parent/Legal Guardian

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

Revised: October 2017