



Irving

**TEENS ADVISORY BOARD**  
2009-2010

**APPLICATION FORM**

Please print clearly. Information will be included in your "bio" which is included in the board binder assist board members in becoming familiar with each other. Any information that is listed is requested and not required. Have your parents contact the Irving YMCA @ (972) 986-8898 with any questions or concerns.

**APPLICATIONS WILL BE ACCEPTED ON A CONSISTENT BASIS FALL 2009**

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First M.I. Nickname

**SCHOOL / EXTRA-CIRRICULAR ACTIVITIES**

School: \_\_\_\_\_ Year: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Number Street

\_\_\_\_\_ City State Zip

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

List all extra-curricular activities, volunteer work, and hobbies?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*The mission of the Irving YMCA Teen Advisory Board is to identify, educate, and develop future leaders who will motivate their peers and use their talents and creativity to generate innovative teen centered ideas for teens around the City of Irving.*

IRVING FAMILY YMCA: 2200 W. Irving Blvd. Irving, TX 75061  
Phone: (972) 986-8898 Fax: (972) 790- 5473 Website: www.irvingymca.org  
Teen Director: Tanisha Clark

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## **MOTIVATION**

**List 3 contributions that you believe you can make to the board (i.e. technology: websites, teen pages; innovative programs and ideas; leadership skills; team building etc.) AND describe how you would carry out each contribution:**

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**Why do you want to participate in The Teen Advisory Board and what do you hope to get out of your participation?**

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**Name 1 community service project you would like for all teens to participate in:**

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## **APPLICANT COMMITMENT**

I understand that “Teen Advisory Board” is a learning experience and requires a serious commitment on the part of the participant. **I commit to attend every meeting @ the Irving YMCA Teen Center** Teen Signature: \_\_\_\_\_

**Attendance to ALL monthly meetings is expected, and you must also make contributions in order to remain on the board. Personal emergencies, sickness, other school activities, and uncontrollable events are exceptions to attendance expectations**

**APPLICATIONS WILL BE ACCEPTED THROUGH 2009 AND INTERVIEWS WILL BE SCHEDULED WITHIN 3 WEEKS OF SUBMISSION**

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**PARENT / GUARDIAN COMMITMENT**  
THIS PAGE IS TO BE COMPLETED BY PARENT/ GUARDIAN

Please review and accept the following time commitment to this program in order to provide transportation for teen.

Please sign for Teen Director or teen staff **permission to contact your teen via cell phone (text messaging included)** phone about upcoming events (Same messages will also be sent to **parents** so that you are aware of the activities taking place.

\_\_\_\_\_  
Parent Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

**Parents MUST also sign up to receive text messaging or e-mails (exceptions will be made if you do not have a cell phone or computer access, but must provide dependable contact number) about upcoming meeting or events so that parents have adequate time to prepare.**

What type of contact do you prefer? (Circle one):    TEXT            E-MAIL            EXCEPTION  
For Exception Please method of contact: \_\_\_\_\_

Most frequently checked e-mail: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

**MEETINGS WILL BE HELD MONTHLY ON SELECT SATURDAYS @**  
**Irving Family YMCA TEEN CENTER**

\_\_\_\_\_  
*Teen Name*

\_\_\_\_\_  
*Parent / Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Relationship to Teen*

THANK YOU FOR YOUR COMMITMENT TO BUILDING STRONG TEENS THAT ARE EQUIPPED WITH TOOLS TO MAKE POSITIVE LIFE CHOICES, BELIEVE IN THEMSELVES, AND TO BE COMMITTED TO SERVING THEIR FAMILIES, PEERS, AND COMMUNITY!

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