



# MEMBERSHIP APPLICATION

*Town of Carrboro, Youth Council*

## YOUTH INFORMATION

Name: \_\_\_\_\_ Race \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Student Cell Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Birthday: \_\_\_\_\_ High School: \_\_\_\_\_ Grade level: \_\_\_\_\_

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

Check which you use:     Email     Facebook     Text     Twitter

How did you hear about the Youth Council?

Friend     School     Brochure/Website     Poster/Flyer

## STUDENT INVOLVEMENT

List your current activities including school, work, athletics, academics, faith, community or volunteer.

\_\_\_\_\_

## PARENT OR GUARDIAN INFORMATION

Parent/Guardian Contact: \_\_\_\_\_

Parent Email: \_\_\_\_\_ Parent Phone: \_\_\_\_\_

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



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## SHORT ANSWER QUESTIONS

**1. Why do you want to be a member of the Carrboro Youth Council? What is your motivation?**

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**2. The Carrboro Youth Council members will participate in volunteer activities. Why is volunteer work important to you? How can we be assured you are ready to be an active member?**

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**3. What unique qualities would you bring to the council?**

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I have read over the Carrboro Youth Council information and attended at least one meeting to understand the purpose of the council. I hereby grant permission to the Carrboro Recreation and Parks Department to use my child's photograph for official Town of Carrboro use in all media without further consideration, and I acknowledge the Town's right to crop or treat the photograph at its discretion. This permission extends only to the use of my child's photographic image by the Carrboro Recreation and Parks Department in materials promoting its programs/services, and for no other purpose. I also acknowledge that the Town may choose not to use the photo at this time, but may do so at its own discretion at a later date. The information I have submitted is truthful. It has been reviewed by a parent/guardian that supports my decision to become involved in the council.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SUBMIT THIS COMPLETED APPLICATION TO:**

Email: [jpoythress@carrboronc.gov](mailto:jpoythress@carrboronc.gov)

Drop off or Mail to:  
Town of Carrboro – Recreation & Parks Department  
Attn: Galen Poythress  
100 N. Greensboro St.  
Carrboro, NC 27510

Questions? Call us at (919) 918-7392