



YOUTH ADVISORY COUNCIL APPLICATION

DEADLINE for application is January 31, 2012

Children's Hospital Colorado

Date: _____

Name: _____

Phone: _____

Address: _____

Birth Date: _____ Age: _____

Email Address: _____

Parent/Guardian Information:

Father's Name: _____

Phone: _____

Email Address: _____

Mother's Name: _____

Phone: _____

Email Address: _____

Your information:

Name of Your School: _____

Grade: _____

School Activities, Hobbies, and Skills:

Have you ever volunteered at Children's Hospital Colorado? _____

If yes, tell us about your experience:

Why do you want to be on the Youth Advisory Council? _____

Please return completed applications to Carla Oliver @ B220 at the address listed below