

YOUTH ADVISORY COUNCIL APPLICATION

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 Hadley Trull, CCLS via e-mail
Hadley.trull@childrenscolorado.org or via mail 13123 E 16th Ave, B220, Aurora, CO 80045