



YOUTH ACTION BOARD APPLICATION

Please fill out this application if you are interested in joining the Youth Action Board. Please be sure to visit slco.to/YAB to complete all steps in the application process.

Name:

Address:

City:

Zip Code:

How did you hear about the Youth Action Board?

What are your strengths and what are some things you can work on while on the Youth Action Board?

Why do you want to join the Youth Action Board?

How would you apply your strengths to the Youth Action Board?

Please save and submit completed application to YS-YouthActionBoard@slco.org