



Loudoun County, Virginia

[www.loudoun.gov](http://www.loudoun.gov)

Loudoun Youth Initiative

Office of the County Administrator

1 Harrison Street, S.E., 5th Floor, P.O. Box 7000,

Leesburg, VA 20177-7000



# Youth Advisory Council

## Board of Governors Application Form

### PERSONAL DATA

Name: \_\_\_\_\_  
First Middle Initial Last Preferred Name

Home Address: \_\_\_\_\_  
Street Address City Zip

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

School: \_\_\_\_\_ Grade (in September 2007): \_\_\_\_\_

### COMMUNITY SERVICE

List up to five community service activities that you are, or have been, affiliated with during the past two years.

<u>Activity</u>	<u>Activity Sponsor</u>	<u>Activity Date(s)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**GROUP/ORGANIZATION MEMBERSHIP**

Please list, in order of importance to you, up to five academic, community, civic, social, religious, athletic, and other organizations or groups of which you are or expect to be a member during the 2007-2008 school year.

Have you been a member of the Youth Advisory Council in the past?  Yes  No If yes, when? \_\_\_\_\_

<u>Organization/Group</u>	<u>Position Held (if any)</u>	<u>Dates of Participation</u>

**GETTING TO KNOW YOU (Part 1)...**

What are some qualities and/or characteristics that make you unique?

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**GETTING TO KNOW YOU (Part 2)...**

What do you feel are the three most pressing issues facing youth in Loudoun County today?

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**GETTING TO KNOW YOU (Part 3)...**

What do you hope to contribute to the youth in Loudoun County by serving on the Youth Advisory Council?

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**GETTING TO KNOW YOU (Part 4)...**

What do you hope to gain by serving on the Youth Advisory Council?

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**GETTING TO KNOW YOU (Part 5)...**

Tell us about an accomplishment or achievement of yours from your middle school or high school years that you are particularly proud of.

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## APPLICATION CERTIFICATON

I have read and understand...

1. The Duties and Description of the position for which I am applying.
2. The Organizational and Operational Guidelines for the Youth Advisory Council.

If selected, I will...

1. Attend all regularly scheduled meetings of the Youth Advisory Council Board of Governors, unless an emergency arises.
2. Participate to the best of my ability in all community service, special event, and leadership development activities with the Youth Advisory Council.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## REFERENCE LETTER

Please submit with your application at least one letter of reference. The letter of reference should be from an adult, not a family member, who is familiar with your character, attitude, accomplishments, and/or community service experience.

## APPLICATION SUBMISSION

\*All Applications must be submitted **no later than August 31, 2007**. If there are still positions available, a second wave of applications will be accepted until September 20, 2007. If a position becomes vacant during the course of the year, a special application process will be initiated.

\*Application submissions **MUST** include:

- Completed Application
- Reference Letter
- Signed Permission Form

\*Additional information that you **MAY** include:

- Resume
- Additional Reference Letters
- Documentation of any information given previously in the application (ex. awards, certificates, transcripts, etc.)

\*Please submit completed application packets to:

Loudoun Youth Initiative  
c/o Jennifer Jackson  
1 Harrison St., SE, 5<sup>th</sup> Floor  
Leesburg, VA 20177