



## The Launch Pad Teen Center Teen Advisory Council Application

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of application \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip code \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email address \_\_\_\_\_

Preferred Method of Contact:  phone call  text  email

School \_\_\_\_\_ Graduation date \_\_\_\_\_

Parent/guardian Name(s) \_\_\_\_\_

Phone(s) \_\_\_\_\_

Email(s) \_\_\_\_\_

1. Describe why you want to be a member of the Teen Advisory Council (TAC). What qualities will you bring?

2. Please list and describe your interests and extracurricular activities you're involved in (including church activities, school activities, sports, & any other groups):

3. In what ways have you been involved with The Launch Pad's Programming?

4. If accepted to TAC, which of The Launch Pad's Programs or events would you be most interested in organizing?

5. Why do you hope to be selected to serve on the Teen Advisory Council?

6. TAC meets weekly during the school year. One of the responsibilities of being on TAC is attending the meetings. What days and times are you available to meet? Please take into account school, work, sports/clubs, and any other recurring activities.

Mondays	Tuesdays	Wednesdays	Thursdays	Fridays

7. How many hours per month would you be able to commit to TAC? (outside of regular TAC meetings):

8. What other activities are you involved with in & out of school for the school year?

