



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?

For the Parent:

I give permission for _____ to apply to The Launch Pad Teen Center Teen Advisory Council (TAC). If selected, I will permit and support them in attending meetings and activities related to the TAC.

Signature of Parent

Date

TEEN ADVISORY COUNCIL LIABILITY & PHOTO RELEASE

I understand that The Launch Pad Teen Center cannot assume any liability for people attending TAC events or meetings. I waive, release and discharge The Launch Pad Teen Center from any and all claims of liability from my participation in these events and meetings. I also give permission for my picture to be used in any of The Launch Pad Teen Center's promotions.

APPLICANT SIGNATURE _____

DATE _____

PARENT/GUARDIAN SIGNATURE _____

DATE _____