Application for Membership

YOUTH POLICE ADVISORY COUNCIL (YPAC)

(PLEASE TYPE OR PRINT)

NAME

LAST _____ FIRST _____ MI ____

ADDRESS

_____ STREET _____ CITY _____ STATE ____ ZIP _____

CELL PHONE _____ EMAIL ADDRESS: _____

SCHOOL NAME _____

FULL NAME OF SCHOOL

SCHOOL ADDRESS

PARENT/GUARDIAN'S NAME LAST _____ FIRST _____ MI ____

PHONE _____ EMAIL ADDRESS: _____

CHECK ONE MALE ☐ FEMALE ☐ CIRCLE GRADE LEVEL ☐ ☐ ☐ ☐

9 10 11 12

ETHNIC GROUP: Black ☐ White ☐ Hispanic ☐ Asain ☐ Other ☐

Extra curricular activities: _____

List clubs/organizations outside of school: _____

Why do you want to serve on this council? (Please submit answer on separate sheet of paper and attach)

Do you consider yourself a leader among peers? Yes ☐ No ☐

Are you able to express and justify your opinions? Yes ☐ No ☐

List key areas of concern or issues you want to discuss:

_____

Will you be able to attend Saturday meetings? (required) Yes ☐ No ☐

Shirt Size: Select Shirt Size

_____ _____ _____ _____

Applicant Date Parent/Guardian (required) Date

For additional information or questions please call me at: Office number: 713.308.3231

Return application to: **K'Yuana Nelson**
E-mail: Kyuana.Nelson@Houstontx.gov