



LiveDAYBREAK Youth Leadership Council Application

Name _____
Last First

Home Address _____ City, State, Zip _____

Phone _____ Email _____

Birth Date _____ Sex _____ School _____ Grade _____

Parent/Guardian(s) Name _____

Parent/Guardian Cell _____ Email _____

T-Shirt Size _____ Jacket/Sweatshirt Size: _____

List up to five activities in which you have participated during the last two years:

Name of organization	When involved	What was your role
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Why would you like to join the LiveDAYBREAK Youth Leadership Council:



LiveDAYBREAK Youth Leadership Council Application – Continued

What activities/events would you like to organize or see offered to the teens of Daybreak:

If selected to be a member of the LiveDAYBREAK Youth Leadership Council, you agree to following:

- **Attend monthly Youth Leadership Council meetings held the 4th Wednesday of each month from 6:00-8:00pm. End time may be earlier depending on agenda items. Pizza will be provided!**
- **Volunteer at a minimum of 3 LiveDAYBREAK events over the course of the year.**
- **Be engaged in the planning of events for fellow Daybreak youth.**
- **Advance the mission of LiveDAYBREAK**

Signature

Date

Name Printed

Date