

# B'More for Healthy Babies Youth Advisory Council Application

## APPLICATIONS DUE: OCTOBER 10TH

EMAIL COMPLETED APPLICATIONS TO [knowwhatuwantchoose@gmail.com](mailto:knowwhatuwantchoose@gmail.com) or mail applications to

Cassandra Davis  
Baltimore City Health Department  
1001 E. Fayette St.  
Baltimore, MD 21202

Please refer any questions to Cassandra Davis at [Cassandra.Davis@baltimorecity.gov](mailto:Cassandra.Davis@baltimorecity.gov)

### I. ABOUT YOU

FULL NAME \_\_\_\_\_

AGE \_\_\_\_\_ BIRTHDAY \_\_\_\_\_ GENDER \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

HOME PHONE (\_\_\_\_) \_\_\_\_\_ CELL PHONE (\_\_\_\_) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

DO YOU ATTEND SCHOOL? \*\* \_\_\_\_\_ YES \_\_\_\_\_ No

IF SO, WHAT SCHOOL? \_\_\_\_\_

WHAT GRADE ARE YOU IN? \_\_\_\_\_

**\*\* YOU ARE ELIGIBLE FOR THE YOUTH ADVISORY COUNCIL EVEN IF NOT IN SCHOOL.**

DO YOU HAVE A JOB? \_\_\_\_\_ YES \_\_\_\_\_ No

IF SO, WHERE DO YOU WORK? \_\_\_\_\_

WHAT OTHER ACTIVITIES DO YOU PARTICIPATE IN? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WHAT NEIGHBORHOOD DO YOU LIVE IN? \_\_\_\_\_

WHAT LANGUAGES ARE SPOKEN IN YOUR HOME? \_\_\_\_\_

DO YOU HAVE ANY CHILDREN? \*\*\* \_\_\_\_\_ YES \_\_\_\_\_ No

IF SO, HOW OLD ARE THEY? \_\_\_\_\_

## II. MORE ABOUT YOU

**\*\*\* CHILDCARE CAN BE PROVIDED FOR YOUTH ADVISORY COUNCIL MEMBERS WITH CHILDREN.**

PLEASE ANSWER EACH OF THE FOLLOWING QUESTIONS IN 2-3 SENTENCES.

1. WHY DO YOU WANT TO BE A PART OF THE YOUTH ADVISORY COUNCIL?
  
  
  
  
  
  
  
  
  
  
2. WHAT DO YOU HOPE TO GAIN BY BEING A COUNCIL MEMBER?

## III. PARENT/GUARDIAN INFORMATION (REQUIRED IF APPLICANT IS UNDER 18)

PLEASE PROVIDE US WITH INFORMATION FOR ONE PARENT/GUARDIAN.

PARENTS AND GUARDIAN INFORMATION IS ONLY USED IN THE EVENT OF AN EMERGENCY DURING A YOUTH ADVISORY COUNCIL ACTIVITY.

PARENT/GUARDIAN NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE (\_\_\_\_) \_\_\_\_\_ CELL PHONE (\_\_\_\_) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

I GIVE PERMISSION FOR MY CHILD TO PARTICIPATE IN THE BALTIMORE CITY HEALTH DEPARTMENT YOUTH ADVISORY COUNCIL.

X \_\_\_\_\_

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