



## Teen Advisory Council Application 2008 - 2009

### Personal Data:

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ (Cell) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Parent(s) Name(s): \_\_\_\_\_ (cell) \_\_\_\_\_

Parent E-mail: \_\_\_\_\_

### Explain briefly why you are interested in joining the Teen Advisory Council:

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### What skills do you feel that you would be able to bring to the Teen Advisory Council?

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### Please list any activities you've been involved in (at school, sports, community, work)

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### Members of the HC DrugFree Teen Advisory Council must agree to:

- \* Attend five of the monthly Teen Advisory Council meetings (3<sup>rd</sup> Monday, 5:30 p.m.)
- \* Participate in discussions and meetings and by e-mail.
- \* Participate in the Teen Job & Volunteer Fair
- \* Attend two HC DrugFree programs each school year.

**Please complete and return this form to:** Laura Smit, Executive Director.

By E-mail: [hcdrugfree@yahoo.com](mailto:hcdrugfree@yahoo.com) or by U.S. Mail: HC DrugFree,

Wilde Lake Village Center, 10451 Twin Rivers Rd., Suite 404, Columbia, MD 21044.

*For more information about HC DrugFree, go to: [www.hcdrugfree.org](http://www.hcdrugfree.org).*

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