

SALEM YOUTH ADVISORY COMMISSION
An Advisory Group to Salem City Council

APPLICATION FORM

Name:	Today's Date:
Mailing Address:	Zip:
School (if applicable):	Grade:
E-mail address (if applicable):	Phone:

1. Please list the activities you are involved in and specify the time commitment (hours per month) and the days of the week (use additional page, if necessary):

Activity	Hours per Month	Days of the Week

2. What other community activities have you been involved in over the past few years?

3. Please circle the following SYAC activities you can agree to participate in:
 - A. SYAC meetings (on the first and third Thursdays of each month, 6:00-8:00 p.m.)
 - B. Research (on your own or with other SYAC members)
 - C. City Council meetings (periodically on Monday evenings)
 - D. Other community groups, events, and/or meetings

4. Please explain why you want to serve on the Salem Youth Advisory Commission (SYAC):

5. Please select two of the topics listed below and share your concerns about these issues. (Use extra pages, if needed)

Gangs	Education in schools	Youth community service opportunities
Child abuse	Social services for youth	Alcohol, tobacco, and other drugs
Teen pregnancy	Youth activities	Multicultural diversity
Teen health issues	Violence	Other: _____

Topic: _____ Your Concerns:

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6. What solutions/improvements would you propose for the above issues?

7. What do you feel would distinguish you from other applicants?

For more information, contact Jan Calvin, Community and Youth Development Supervisor at
503-588-6261 or jcalvin@mail.open.org

DUE DATE: September 30, 2003

Please return this application to: City of Salem Department of Community Services
555 Liberty St. SE, #300, Salem, OR 97301
FAX: 503-315-2567