



Youth Advisory Committee Application



Thanks for your interest in joining the Camp Fire Columbia Youth Advisory Committee for the 2016/2017 program year. Please complete the following form in order to be considered for nomination.

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Student Phone Number: \_\_\_\_\_ Parent Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Parent/Guardian Phone number: \_\_\_\_\_

School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

A complete application packet includes:

- Application form
- 1 letter of recommendation from a current school teacher or other adult who knows you well and can speak to your qualifications for this role
- Student Essay Question Form
- Parent Question Form

Please return this form, your completed application questions and letter of recommendation by **11/4/16** to your Camp Fire Instructor or [pkuykendall@campfirecolumbia.org](mailto:pkuykendall@campfirecolumbia.org) or fax to Patrice Kuykendall 503.223.3916

\_\_\_\_\_ OFFICE USE ONLY \_\_\_\_\_

Date received: \_\_\_\_\_

Action taken: \_\_\_\_\_



## Youth Advisory Committee Application



Please complete the following questions. If more room is needed feel free to type or answer on a separate sheet of paper.

1. Describe why you are interested in serving on the Camp Fire Youth Advisory Committee.

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2. Describe an experience in a Camp Fire Program that made an impact on you.

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3. Describe a time when you needed to use teamwork to accomplish a goal. What did you do to help your team, partner or group be successful.

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4. Describe a time you stood up or spoke out for something you believed in?

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## Youth Advisory Committee Application



### Parent Question Form

Please answer the following questions regarding your participant

1. What are your child's strengths and challenges when it comes to working with others or on a team?

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2. What do you hope your child will get out of this experience?

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