



Missouri Shores Domestic Violence Center Youth Advisory Council Application

PO Box 398 Pierre SD 57501
Office 605-224-0526

Name: _____

Phone: (H) _____ (C) _____

Street Address: _____ City, State Zip: _____

Date of Birth: _____ E-Mail: _____

School: _____ Anticipated Graduation Date: _____

Tell us about yourself. Do you have any hobbies, are you involved in clubs or community service? Any other interesting information?

What are your plans after high school?

Why do you feel domestic/dating violence, gender-based violence, and sexual assault are important issues concerning youth today?

What do you feel you can contribute to the Youth Advisory Council?

What do you hope to get out of being a part of the Youth Advisory Council?

List two (2) references, **not related to you**, that we can contact.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

What day(s) of the week are you able to attend monthly trainings/meetings?

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

What time(s) would you be able to attend trainings/ meetings

Noon 4pm Evenings Other _____

Please provide any additional comments not provided in the application.

Signature _____ Date _____

*By signing, I agree that, if chosen for the Youth Advisory Council, I will participate in any scheduled meetings, trainings, or other events, and that I will promote the mission and vision of Missouri Shores Domestic Violence Center and the Youth Advisory Council.

Parent/Guardian Permission

Print name: _____

Signature _____ Date _____

* By signing, I agree that, if my child/dependent is chosen for the Youth Advisory Council, that I am releasing Missouri Shores Domestic Violence Center of any liability from travel, and that I agree to allow my child/ dependent to participate in any scheduled meetings, trainings, or other events.