Healthy Choices Caring Communities
Youth Advisory Council (YAC)

606 S. Shoop Ave, Wauseon, OH 43567
Phone: 419-337-0915 Fax: 419-337-0561
Email: HC3Partnership@gmail.com
www.HC3partnership.org

"Fulton County working together to reduce youth substance use"

2019-20 YAC Application

Date: _____

Preferred Name: _____ Phone: _____ T-shirt size: _____

Student Cell: _____ Texting? _____ Yes _____ No Birthdate: _____

Social Media: _____ Facebook _____ Instagram _____ Twitter _____ Other _____

Parents' Names: _____

Home Address: _____ Parent Phone: _____

Email: Student or Family (please circle): _____

I attend _____ (school) in Fulton County. Grade level (2019-20): _____

I am involved in the following school and community activities:

_____ Athletics (indicate sport(s) _____

_____ Music (indicate band, choir etc.) _____

_____ Clubs (indicate which club(s)) _____

_____ 4-H, Boys/Girls Scouts etc. _____

_____ Faith based activities (indicate which organization) _____

_____ Volunteer Work (indicate where) _____

_____ Paid Work (indicate where) _____

_____ Other (hobbies, etc.) _____

2019-20 YAC Application

Name: _____ School: _____

What do you hope to get from being a member of the Youth Advisory Council (YAC)?

_____

_____

_____

_____

_____

_____

Please return the completed documents in your application packet form by May 31st:

Mail to: Youth Advisory Council
Healthy Choices Caring Communities
606 S. Shoop Ave
Wauseon, OH 43567

Email to: HC3Partnership@gmail.com