

# POPE COUNTY YOUTH PREPAREDNESS COUNCIL APPLICATION

## APPLICANT INFORMATION

Student Name:

School:

Age:

Grade:

Address:

City:

State:

ZIP Code:

Email:

Cell Phone:

Home Phone:

## EMERGENCY CONTACT

Emergency Contact:

Address:

Phone:

City:

State:

ZIP Code:

Relationship:

## STUDENT INVOLVEMENT

List Current Extracurricular Activities/Volunteer Activities:

## STUDENT EXPERIENCE

Do you have any experience in emergency response or volunteer efforts? If yes, explain.

## TRAINING

Are you willing to complete a series of online training courses (approximately 16 hours) and implement at least one disaster preparedness program within your school or community during your school year? (Please check one below)

Yes

No

## ADDITIONAL INFORMATION

Why do you want to be a representative on the Pope County Youth Preparedness Council, what makes you a good fit for the council, and what do you hope to gain from this experience?

## REFERENCES

Name	Address	Phone