

Youth Leadership Council Application

Applications Due: _____

(Applicants must currently be in grades 7-12 to be considered)

Name _____ School _____

Address _____ Current Grade in School _____

City _____ State/Zip _____

Cell Phone _____ Email _____

Please answer the below questions – if additional space is needed please use back of this page, or answers may be typed and attached to the application.

Why do you want to be a YLC member?

What does Youth Leadership Council mean to you? _____

Van Buren County SAFE Coalition- YLC

*Attn: Liz Wilson
308 Mulberry
Keosauqua, IA 52565
319-293-6417*

How will you make your school a better place by being in Youth Leadership Council?

How will you make your community a better place by being in Youth Leadership Council? _____

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What do you hope to accomplish this year as a member of Youth Leadership Council?

Youth Leadership Council is about being leaders for your peers and in your community. In order to be a strong leader for YLC we ask that you sign the following pledge!

I _____ Pledge to lead the way by:
(Print name)

1. Living a drug, alcohol and tobacco free life.
2. Showing my friends that being above the influence is more fun.
3. Learning about the real dangers and harms of drugs, alcohol and tobacco.
4. Telling people the truth about the harmful effects of drugs, alcohol and tobacco.
5. Working with others to help spread the truth about drugs, alcohol and tobacco so we can create a SAFE community.
6. Making positive choices when it comes to bullying and harassment of my peers.
7. Making a beneficial impact on my community.

I believe that education, non-violence, assisting others and supporting my community will make me a better all-around person.

(Signature)

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