

Neighborhood Youth Advisory Board  
Membership Application 2007-2008

(Please PRINT clearly!)

Name \_\_\_\_\_ Age \_\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_ Gender: M F

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

EMAIL (print CLEARLY) \_\_\_\_\_

Phone (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Please answer the following questions (Attach extra sheet if needed):

1. What are three words that describe your personality, and why do you choose those three words?
2. What community service organizations or neighborhood work efforts have you participated in, if any?
3. If you could change one thing about your neighborhood, what would it be?
4. Do you know other youth in your neighborhood who might be interested in getting involved?
5. What does youth engagement mean to you?
6. Why do you want to join the NYAB?

**Turn Over!**

7. What could you contribute to the NYAB?

8. How do you expect to benefit from being on the NYAB?

Rate your preference for the following:

1= Very Important    2= Somewhat Important    3= Okay    4= Not Important at all

Working Efficiently	1	2	3	4
Good Attendance	1	2	3	4
Group Activities	1	2	3	4
Individual Projects	1	2	3	4
Giving Presentations	1	2	3	4
Evaluating Grant Applicants	1	2	3	4
Leadership	1	2	3	4
Leading Activities for Groups	1	2	3	4
Teaching/ Training Groups	1	2	3	4
Public Speaking	1	2	3	4
Rewards and Incentives	1	2	3	4

Who did you get this application from? \_\_\_\_\_

Now, give the completed application back to the person who gave it to you, or mail it to us at:

NYAB

Alternatives, Inc.

2021-B Cunningham Drive #5

Hampton, VA 23666

757-838-2330

Email: [wmcneill@altinc.org](mailto:wmcneill@altinc.org) Subject heading: NYAB Application