

CAMDEN HEALTHY YOUTH COUNCIL APPLICATION

APPLICANT INFORMATION (PRINT)

NAME: _____ **D.O.B:** ____/____/____

STREET ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

HOME PHONE: _____ **CELL PHONE:** _____

E-MAIL ADDRESS: _____

SCHOOL: _____

SCHOOL ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

PHONE NUMBER: _____

PARENT/GUARDIAN INFORMATION (PRINT)

NAME: _____

STREET ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

HOME PHONE: _____ **WORK PHONE:** _____

CELL PHONE: _____

YEAR: Freshman Sophomore Junior Senior

GENDER: Male Female

RACE/ETHNICITY (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Black/ African American | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Native American |
| <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> Other _____ |

AREA OF INTEREST (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Public Health | <input type="checkbox"/> Statistics /Data Collection & Analysis |
| <input type="checkbox"/> Social Work | <input type="checkbox"/> Health Education |
| <input type="checkbox"/> Public Policy / Health Policy | <input type="checkbox"/> Health Administration |
| <input type="checkbox"/> Epidemiology | <input type="checkbox"/> Other _____ |

EMERGENCY CONTACT INFORMATION (PRINT)

NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ CELL PHONE: _____

RELATIONSHIP: _____

ESSAY QUESTION

Please type double-spaced using Times New Roman, 12pt font the following essay:

In no more than 500 words please describe your future academic and career goals and how participating in the *Camden Healthy Youth Council* can help you to achieve those goals. Be sure to include your ideas on changes that you would like to see in health care/population health in Camden and describe any prior volunteering/leadership experience.