



Kent Police Youth Board Application

Integrity Statement:

**AS A YOUTH BOARD MEMBER
YOU MAY NOT
SMOKE TOBACCO, DO DRUGS,
OR CONSUME ALCOHOL.**

PLEASE PRINT

Name: _____

Gender: _____ Age: _____ Grade: _____

Address: _____

City: _____ Zip: _____

Email: _____

Home Phone: _____ Cell Phone: _____

Parent/Guardian Name (Printed): _____

School You Attend: _____

Please respond to the following questions. Questions may be answered on a separate sheet of paper.

1. Why do you want to be a part of the youth board? _____

2. What personal qualities do you possess that will positively influence the youth board? _____

3. What do you hope to gain by becoming a member of the youth board? _____

4. What school and extracurricular activities are you involved in? _____

Applicant Signature: _____ **Date:** _____

COMMITMENT TO ATTEND MEETINGS:

I accept the responsibility to provide transportation for _____ (Youth Applicant)

to participate in youth board activities, including Wednesday meetings. _____ (Driver, can be Applicant)

PARENTAL CONSENT

I have read the information about the responsibilities of the Youth Wellness conference planning Board. I give me consent and support my daughter/son to participate on the Youth Wellness conference Planning Board. I understand that we as parent(s)/guardian(s) are invited and encouraged to attend and participate in the Conference planning activities.

Parent/Guardian Signature: _____ **Date:** _____

**Please return this form to: Kent Police Department, Attn: Stacy Judd, 220 4th Avenue South, Kent, WA 98032
Phone: (253) 856-5883 Fax: (253) 856-6802 sjudd@kentwa.gov**