



# BELLEVUE YOUTH COUNCIL 2018-2019 APPLICATION

Bellevue Youth Link, P.O. Box 90012, Bellevue, WA 98009-9012  
www.youthlink.com

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Parent Email address: \_\_\_\_\_ Parent Cell Phone: \_\_\_\_\_

What school do you attend? \_\_\_\_\_ Grade: \_\_\_\_\_

Name of parent(s)/guardian(s): \_\_\_\_\_

Your community interests: \_\_\_\_\_

=====

**Briefly describe your volunteer experience, hobbies, awards, etc.:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please tell us about yourself and why you think you would be a good student representative for the Bellevue Youth Council:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What experience do you have working with different groups and/or communities in your school or neighborhood?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RESPONSIBILITIES OF BELLEVUE YOUTH COUNCIL MEMBERS:**

- \* Members must attend two (2) meetings per month (BYC members only)
- \* Members must serve in at least one (1) Youth Link Action Team or Planning Committee
- \* Members must participate in a minimum of one volunteer community service activity per month

The Bellevue Youth Council meets the first and third Wednesday of each month from 5:00pm to 7:00pm. **Members are allowed only three unexcused absences during the school year.** In addition, each member must work on a community service activity each month which involved 2-10 hours per month (Depending on which project you choose). **If selected, will you be able to honor the commitments required to serve?**

YES       NO

**BELLEVUE YOUTH COUNCIL (Attend MANDATORY scheduled Bellevue Youth Council meetings every month AND serve in at least one Action Team)**

YES  NO

**ACTION TEAM & SPECIAL PROJECTS (Attend ONLY scheduled Action Team and Special Project meetings; NOT required to attend Bellevue Youth Council meetings)**

YES  NO

**YOUTH LEADERSHIP TRAINING**

In order to develop youth leadership in all phases of our program, Youth Link will provide Bellevue Youth Council members with training and team-building activities. Participation is strongly encouraged and your availability to attend these events will assist your development in the Bellevue Youth Council.

**YOUTH LEADERSHIP ACADEMY PRE-REGISTRATION**

The Bellevue Youth Council will hold a Youth Leadership Academy focusing on personal leadership development, group process, and project planning. No prior experience is necessary. If selected, would you be able to meet this requirement?

YES  NO

**OPTIONAL**

It is our goal that the Bellevue Youth Council will reflect the diversity of Bellevue's young people. Completing the following information will help us ensure diverse representation.

Please circle the group(s) with which you identify:

Male Female Differently-Abled Caucasian/White African-American Asian

Hispanic Native American Pacific Asian Other (\_\_\_\_\_)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Please return to:** Bellevue Youth Link City of Bellevue  
P.O. Box 90012, Bellevue, WA 98009-9012  
Phone: 425-452-5254  
Fax: 425-452-2814

**Application process:** Applications are due every last Wednesday of the month at 5 p.m. in our office.  
If you have questions about the status of your application, please contact Patrick Alina, Youth Link Program Coordinator at 425-452-5254 or email [palina@bellevuewa.gov](mailto:palina@bellevuewa.gov)



***Thank you for applying to the 2018-2019 Bellevue Youth Council***

