

Youth Advisory Board (YAB) Application for Appointment

Interested applicants are required to be residents of the City of Oak Ridge. All members are appointed and confirmed by City Council to serve a one-year term of office commencing on August 1. YAB meetings are held on Wednesdays at 2 p.m. and attendance is required twice per month.

GENERAL INFORMATION First Name: _____ Last Name: _____ Mailing Address: Home Phone: _____ Cell Phone: ____ E-mail Address: _____ Date of Birth: _____ Gender: Do you currently serve on the YAB? □YES □ NO If yes, how many years of service: **SCHOOL INFORMATION** School Name: _____ Grade: _____ GPA: _____ Favorite Class: _____ Extra-Curricular Activities: VOLUNTEER/WORK EXPERIENCE Organization/Business: _____ Dates Worked: _____

Describe this experience: (In the text box below)

Organization/Business:	Dates Worked:
Describe this experience:	
Why do you want to serve on the YAB?	
Willy do you want to serve on the TAB:	
All information provided is considered pub	blic pursuant to the Tennessee Public Records Act.
	am applying for appointment to a Board, Commission or
	I will be required to provide proof of my Oak Ridge n oath of office to uphold the United States and Tennessee
Constitutions and the laws of the same if	appointed. I agree to comply at all times with all requirements of which I may be appointed. All statements and information
provided in the application are true to the	
Signature of Applicant:	Date:
You may submit a resume as an attachme	ent to your application to provide additional information.

Please return completed application by **5:00 p.m.** on **Friday**, **June 1, 2012** to:

Diana R. Stanley
City Clerk
P.O. Box 1,
Oak Ridge, TN 37831-0001
Fax: 865-425-3409
Email: dstanley@cortn.org