Application for Membership
YOUTH POLICE ADVISORY COUNCIL (YPAC)

(PLEASE TYPE OR PRINT)
NAME
LAST _____ FIRST _____ MI ____

ADDRESS
HOUSE # _____ STREET _____ CITY _____ STATE __ ZIP _____

HOME PHONE _____ ALT PHONE _____

EMAIL ADDRESS: _____

SCHOOL NAME _____ PRINCIPAL _____
FULL NAME OF SCHOOL

EMAIL ADDRESS: _____
(School Liaison)

SCHOOL ADDRESS _____ TELEPHONE _____

PARENT/GUARDIAN'S
NAME
LAST _____ FIRST _____ MI ____

PARENT/GUARDIAN'S
ADDRESS
HOUSE # _____ STREET _____ CITY _____ STATE __ ZIP _____

PHONE _____ ALT PHONE _____

EMAIL ADDRESS: _____

CHECK ONE MALE ☐ FEMALE ☐ CIRCLE GRADE LEVEL 9 10 11 12

ETHNIC GROUP: African American ☐ Asian American ☐ Latin American ☐ Caucasian ☐ Other ☐

Personal talent: _____

Extra curricular activities: _____

List clubs/organizations outside of school: _____

Why do you want to serve on this council? (Please submit answer on separate sheet of paper and attach)

Do you consider yourself a leader among peers? Yes ☐ No ☐

Are you able to express and justify your opinions? Yes ☐ No ☐

List key areas of concern or issues you want to discuss: _____

Will you be able to attend Saturday meetings? (required) Yes ☐ No ☐

Applicant	Date	Parent/Guardian (required)	Date
Principal (required)	Date		

For additional information or questions please call me at: Office number: 713.308.3292

Return application to:

Rhonda Holmes, Public Affairs
1200 Travis, 21st floor
Houston TX 77002

Fax number: 713-308-3217

Email: rhonda.holmes@cityofhouston.net

Submit by Email Print Form