

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: "***Tj qpf c'J 0E qnlpu/D{ tf, Public Affairs
1200 Travis, 21st floor
Houston TX 77002**

Fax number: 713-308-3217

*******G/o ck'Tj qpf c(E qnlpu/D{ tf B J qwwqpRqlegQti**