Application for Membership YOUTH POLICE ADVISORY COUNCIL (YPAC)

(PLEASE TYPE OR	PRINT)						
NAME	LAST_			FIRST	MI _		
ADDRESS HO	USE #	STREET			_CITY	STATEZ	ZIP
HOME PHONE				ALT PHONE _			-
EMAIL ADDRESS:							_
				PRINCIPAL			
EMAIL ADDRESS: (School Liaison)	FULL NAME						-
SCHOOL ADDRESS	S			TELEPHONE _			_
PARENT/GUARDIA NAME				_FIRST	MI		
PARENT/GUARDIA ADDRESS		SE#	STREET_		CITY	STATE	ZIP
PHONE				ALT PHONE_			_
EMAIL ADDRESS:							
CHECK ONE MAI	Æ	FEMALE	3	CIRCLE GRA	DE LEVEL	9 10	11 12
ETHNIC African GROUP: American	_	sian merican	Lati Ame	_	aucasian 🗌	Other	
Personal talent:							
Extra curricular activ	ities:						
List clubs/organization	ons outside o	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 l	eader 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 disc	cuss:			
Will you be able to attend Sa	aturday meetings? (req	uired) Yes] No [
Shirt Size					
Applicant	Date	Parent/Guardi	an (required)	Date	
Principal (required)	Date	_			
For additional infor	mation or questions ple	ase call me at: (Office number: '	713.308.3292	
Return application to:	Rhonda Holmes, Pu 1200 Travis, 21 st flo Houston TX 77002				
	Fax number: 713-30	08-3217			

E-mail: Rhonda. Holmes@HoustonPolice.Org