



**CHILDREN, YOUTH &
FAMILY SERVICES, INC.**

RUNAWAY EMERGENCY SERVICES PROGRAM

A program of CYFS

116 W. Jefferson Street
Charlottesville, VA 22902
434-296-4118 ext. 229

YOUTH COUNCIL APPLICATION

Name _____
Address _____
School and grade _____
Phone number - Home _____ Cell _____
Email address _____

Please explain why you are interested in joining the RESP Youth Council:

How do you feel you could contribute to the needs of teenagers in our community?

What are three words you would use to describe yourself?

Are you willing to attend a monthly meeting to participate in the Youth Council? And if so, what days and times do you normally have available?

Is there any other information about yourself that you would like us to know?

Signature _____ Date _____