COMMITTEE ON YOUTH - MEMBERSHIP APPLICATION

Name: _____

Telephone: _____ Email Address: _____

Occupation / Employer (if applicable): _____

What motivates you to serve on the Committee on Youth?

_____

_____

_____

What skills, strengths, or perspectives do you feel you would bring to the Committee?
(Examples: youth advocacy, education, finance, lived experience, community connections)

_____

_____

_____

Please describe any life, professional, or volunteer experiences you feel are relevant to serving on this committee.

_____

_____

_____

What is your level of familiarity with the 40 Developmental Assets Framework?

☐ No prior knowledge
☐ Basic awareness
☐ Some experience
☐ Very familiar

If applicable, please briefly describe your experience:

Briefly explain how you believe these assets support healthy youth development:

Please list any organizations, boards, or volunteer groups you are currently involved with:

|Committee meetings are held regularly throughout the year. Are you able to attend meetings and actively participate?

☐ Yes
☐ No
☐ With limitations (please explain): _____

Any additional information you would like to share:

Please return the completed application no later than March 1, 2026 by emailing to Supervisor Mary Hess, supervisor@dekalbtownship.org with COY Application in the subject line.