

## 2017-2018 YOUTH LEADERSHIP COUNCIL (YLC) APPLICATION

Please fill out all areas and answer questions completely. Incomplete applications will not be considered.

### Applicant's Information

Student's Name:		DOB:
Parent/Guardian Name:		
High School:		Grade:
Student's E-mail:	Parent's E-mail:	
Student's Cell Phone:	Parent's Contact Number:	
Student T shirt Size:	Parent T shirt Size:	
Mailing Address Including Zip Code:		

- YLC North meets the first Tuesday of every month, 6-7:30 p.m. at UT Health San Antonio.  
 YLC East meets the first Thursday of every month, 6-7:30 p.m. at the Judson HS Library.  
 YLC South meets the third Tuesday of every month, 6-7:30 p.m. at the Mission Branch Library.  
 I am applying for (Check one only):  YLC North  YLC East  YLC South
- Membership in the YLC requires attending meetings and participating in community service projects. Are you committed to attending 85% of the YLC meetings and events?  Yes  No
- Do you have access to reliable transportation to and from weekday meetings and weekend events?  
 Yes  No
- List your extracurricular activities, including any jobs:
- Why do you want to join the Youth Leadership Council? Think it through and be specific.
- Members of the YLC spread the word about health and teen pregnancy prevention. Give us an example of how you promote health at school or in the community.

7. Members of the YLC strive to be good role models and leaders at their school and their community. Describe how you are a leader when associating with your peers.
  
  
  
  
  
  
  
  
  
  
8. Members of the YLC develop personally by actively engaging with the school and community. Name some personal goals you want to set for yourself as a member of the YLC.
  
  
  
  
  
  
  
  
  
  
9. What/Who inspires you to be a leader in your school, club or life?
  
  
  
  
  
  
  
  
  
  
10. Help us get to know you by telling us more about you.

Please complete and return this application by any of these convenient methods: (1) E-mail Amelia Teodosio at [teodosioa@uthscsa.edu](mailto:teodosioa@uthscsa.edu), (2) fax to: 210-567-7042, or (3) mail to

UT Health SA/UT Teen Health  
7703 Floyd Curl Dr., Mail Code 7836  
San Antonio, TX 78229

**Please submit application by March 6, 2017 by 8 a.m.**

Late or incomplete applications will NOT be accepted.

Selected candidates will be contacted for an interview.

**Questions?** E-mail Amelia Teodosio at [teodosioa@uthscsa.edu](mailto:teodosioa@uthscsa.edu) or call (210) 567-7036.

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[www.utteenhealth.org](http://www.utteenhealth.org)

[utteenhealth@uthscsa.edu](mailto:utteenhealth@uthscsa.edu)

210-567-7036



UT Teen Health



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