

JR Youth Advisory Council Application Oswego City-County Youth Bureau 70 Bunner St, Oswego NY 13126

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Name_		Date
Home A	Address	
Phone	Number	E-mail
Parent,	/Guardian	
Parent,	/Guardian Email	Parent/Guardian Phone
School_		Year of Graduation
Please	answer the following questio	ns.
1.	What sports/clubs/extracurri	icular activities do you participate in?
2.	What are your special interes	sts or hobbies?
3.	Regarding the youth of Oswo	ego County, what problems do you see that need attention?
4.	What would you expect an o	rganization such as the Youth Advisory Council to accomplish?