

Youth Advocacy Committee Member Application

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____ Alternate Phone: (____) _____

Email: _____

How do you describe your racial/ethnic background?

African American/Black

White/Caucasian

Asian/ Pacific Islander

Hispanic/ Latino

Native American/ Alaskan Native

Bi/Mixed Race (*specify*) _____

Other (*specify*) _____

Age: _____

Birthdate: _____

Gender:

Man

Woman

Transgender (MTF)

Transgender (FTM)

Other (*specify*) _____

Please give 2 personal references (fill in as much as possible):

Reference 1

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____ Alternate Phone: (____) _____

Email: _____

Reference 2

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____ Alternate Phone: (____) _____

Email: _____

How much do you know about HIV? A Lot Some Not Much Nothing

How much do you know about STDs? A Lot Some Not Much Nothing

Short Answer

1. Why do you want to become a member of the Youth Advocacy Committee?

2. What do you think are some of the greatest challenges that youth face?

3. Give an example of some of the best advice that you would give to your peers concerning HIV and STDs?

4. What are some current or past activities (employment, clubs, volunteer work, etc) that you are/have been involved in?

Signature: _____ Date: _____

Please return completed applications to:

Joel D. Jackson
Youth Advocacy Coordinator
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St. Louis, MO 63108
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314-535-1814 (fax)
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