

**Carrie Tingley Hospital Foundation
Youth Advisory Board
APPLICATION**

Please complete all 3 pages.



Personal Information *(please print)*

Youth Name:		
Other names used (nicknames, etc.):		
Physical Home Address:		
City, State, Zip:		
Phone:	Do you text? Y N	Email:
Gender:	Age:	Date of Birth:
Parent / Guardian Name #1:		
Parent / Guardian Name #2:		
School / Program that you attend (or will attend in January 2012):		
Current Grade:		

There will be SIX Youth Advisory Board Meetings in 2012. Youth Board Members will also participate in Foundation events and other smaller committee meetings throughout the year. Please review the Board Meeting dates and confirm that you can attend at least 4 of the 6 meetings and make an effort to participate at events and other meetings during the year. Thank you.

2012 Youth Advisory Board Meeting Schedule

- Monday, January 23, 6:30 to 8 p.m.
- Monday, February 27, 6:30 to 8 p.m.
- Monday, April 23, 6:30 to 8 p.m.
- Monday, August 27, 6:30 to 8 p.m.
- Monday, October 22, 6:30 to 8 p.m.
- Monday, December 3, 6:30 to 8 p.m.

Foundation Events – 2012

The 18th Annual Mudd Volleyball Tournament is Saturday, June 9, 2012
The 5th Annual Festival of Trees is November 30th through December 2nd, 2012

If selected, I will commit to attend at least 4 of the 6 Youth Advisory Board meetings.

References

Please list at least two ADULTS (mentors, teachers, or employers) who have known you for at least a year or two. No relatives please.

Reference Name	Relationship	Phone

Do you know any current or past Foundation Youth Advisory Board Members? ____Y ____N
If yes, please list their names: _____

Carrie Tingley Hospital Foundation Youth Advisory Board Application Certification Section

I/We (both) understand that if selected to participate in the Carrie Tingley Hospital Foundation Youth Advisory Board, I/we fully understand the role that Youth Advisory Board Members must undertake. I/We also understand the responsibilities that Youth Advisory Board Members are accountable for and agree to follow throughout the 1 year commitment.

I/We also understand that any misrepresentation or omission of any material fact on this application may result in the possible disqualification to join the Carrie Tingley Hospital Foundation Youth Advisory Board.

Also any behavioral misconduct will garner the possible termination of our partnership within the Carrie Tingley Hospital Foundation Youth Advisory Board.

Youth Advisory Board Applicant Name (print)	Signature	Date
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If you are under the age of 18 years of age, the signature of your parent or guardian is also required:

Name of Parent/Guardian (print)	Signature	Date
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Applications are due no later than December 9, 2011.

Completed Applications should be returned to:

Carrie Tingley Hospital Foundation
PO Box 25424
Albuquerque, NM 87125

If you have questions as you complete this, please contact Dawne Bell, Carrie Tingley Hospital Foundation Executive Director, at 505-243-6626 or on email at dbell@cthf.net.