



School Based Health Center
Youth Action Council
Application for membership

Name: _____
Last First

School: _____ Grade (circle one): 9 10 11 12

Mailing Address: _____
Street (including apartment # if you have one) or PO Box

City State Zip Code

Cell Phone #: _____ E-Mail Address: _____

Date of Birth: _____ Age: _____

Parent/Guardian(s) Name: _____

Address (if different from above): _____

Home or Parent/Guardian Phone #: _____

Applicant Signature: _____

(Please complete questions on back!)

QUESTIONS?? Call Jessica Hiddleson at (541) 322-7478 or email Jessica.Hiddleson@deschutes.org.

Deschutes County Health Services is an equal opportunity service provider. If you need accommodations to make participation possible, or if you need this document in an alternate format, please call Public Health at 541-322-7400.

- QUESTIONS?? Call Jessica Hiddleson at (541) 322-7478 or email Jessica.Hiddleson@deschutes.org.**

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