



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 Cod	е	-	
Cell Phone #:	E-Mail Address:					
Date of Birth:	Α	vge:				
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.





1. Why do you want to be involved with the Youth Action Council? Were you a YAC member in past years?

2. What do you think are the TWO most important health issues for students at your school? Why? Examples: mental health, eating healthy, drugs/alcohol, peer pressure, etc.

3. List any school or community activities you are involved in (sports, clubs etc.)