

Application for Membership
YOUTH POLICE ADVISORY COUNCIL (YPAC)



(PLEASE TYPE OR PRINT)

NAME

LAST _____ FIRST _____ MI _____

ADDRESS

HOUSE # _____ STREET _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ ALT PHONE _____

EMAIL ADDRESS: _____

SCHOOL NAME _____ PRINCIPAL _____

FULL NAME OF SCHOOL

EMAIL ADDRESS: _____

(School Liaison)

SCHOOL ADDRESS _____ TELEPHONE _____

PARENT/GUARDIAN'S
NAME

LAST _____ FIRST _____ MI _____

PARENT/GUARDIAN'S
ADDRESS

HOUSE # _____ STREET _____ CITY _____ STATE _____ ZIP _____

PHONE _____ ALT PHONE _____

EMAIL ADDRESS: _____

CHECK ONE MALE FEMALE CIRCLE GRADE LEVEL 9 10 11 12

ETHNIC GROUP: African American Asian American Latin American Caucasian Other

Personal talent: _____

Extra curricular activities: _____

List clubs/organizations outside of school: _____

Why do you want to serve on this council? (Please submit answer on separate sheet of paper and attach)

Do you consider yourself a leader among peers? Yes No

Are you able to express and justify your opinions? Yes No

List key areas of concern or issues you want to discuss: _____

Will you be able to attend Saturday meetings? (required) Yes No

Shirt Size: _____

Applicant Date Parent/Guardian (required) Date

Principal (required) Date

For additional information or questions please call me at: Office number: 713.308.3231

Return application to:

**K'yuana Nelson
1200 Travis, 21st floor
Houston TX 77002
E-mail: Kyuana.Nelson@HoustonPolice.Org**