

YOUTH ADVISORY COUNCIL

Application form



YES! I'm interested in becoming an active member of the Youth Advisory Council at Children's Minnesota.

- I have talked to my parents or guardians. I am able to attend meetings one Saturday morning per month.
- I am willing to share my thoughts and ideas about the hospital with other group members.
- I am between 8 and 18 years of age.
- I have asked another adult for a recommendation.

About me

Name _____

Address _____

City, State, Zip _____

Phone number _____ Birth date _____

Signature _____

Why I want to be part of the council: _____

Here's how I've had contact with Children's Minnesota: _____

My parent/guardian's approval

Parent/guardian's name _____

Signature _____

An adult's recommendation

Please ask an adult, other than your parent or guardian, to fill out this portion of the application.

Adult's name _____

Signature _____

Phone number _____

I recommend _____ for the Youth Advisory Council because: _____

Return this application

Complete this application and mail it to: Children's Minnesota
Attn: Kimberly Andersen, child life
Mail Stop 70-503
345 North Smith Avenue
Saint Paul, MN 55102

You can also email information to kimberly.andersen@childrensMN.org.