



Youth Leadership Task Force Application Form 2005

Please complete all sections of the following application. If necessary, attach additional sheets for your responses. Applications should be delivered, mailed, or faxed to the address on the bottom of this page by mid September.

Name _____ Age _____

Full Mailing Address _____

Phone _____ Email _____

Parent/ Guardian (signature) _____ Phone _____

Why are you interested in being a part of the Youth Leadership Task Force with DC Campaign to Prevent Teen Pregnancy?

If you were in charge of reducing teen pregnancy in DC, what would you do first?

What qualities do you possess that would make you an effective member of the Youth Leadership Task Force?

Is there anything else you would like us to know in considering your application?