



CHAHTA ALLA YOUTH COUNCIL MEMBERSHIP APPLICATION



NAME: _____ DATE OF BIRTH: _____

MAILING ADDRESS: _____ AGE: _____

PARENT PHONE NUMBER: _____ PARTICIPANT PHONE NUMBER: _____

EMAIL: _____ T-SHIRT SIZE: _____

PLEASE CIRCLE: MALE / FEMALE COMMUNITY: _____

SCHOOL: _____ GRADE: _____

FAMILY INFORMATION

MOTHER/GUARDIAN NAME: _____

PHONE NUMBER: _____ WORK NUMBER: _____

EMAIL: _____

FATHER/ GUARDIAN NAME: _____

PHONE NIUMBER: _____ WORK NUMBER: _____

EMAIL: _____

EMERGENCY CONTACT INFORMATION

1.) NAME: _____ RELATION TO CHILD: _____

PHONE NUMBER: _____ WORK NUMBER: _____

2.) NAME: _____ RELATION TO CHILD: _____

PHONE NUMBER: _____ WORK NUMBER: _____

THE PURPOSE OF THE CHAHTA ALLA YOUTH COUNCIL ARE TO STRENGTHEN FAMILY VALUES, PROMOTE UNDERSTANDING OF AND BUILDING A STRONG TRIBAL GOVERNMENT WITH COMMUNITY PARTICIPATION, PRESERVE TRIBAL CULTURE AND TRADITIONS, HELP TO SOLVE SOCIAL AND ECONOMIC ISSUES FACING THE COMMUNITY AND ENCOURAGING OTHERS TO DO THE SAME. PROVIDE SERVICE TO COMMUNITY WHO HAVE SPECIAL NEEDS, BUILD SELF-ESTEEM, EXPAND SKILL LEVELS AND COMMUNICATIONS, AND PROMOTE A HEALTHY ENVIRONMENT.

I WOULD LIKE TO JOIN CHAHTA ALLA YOUTH COUNCIL BECAUSE:

PARTICIPANT SIGNATURE

DATE

PARENT SIGNATURE

DATE

Office Use Only

Time: _____ Date: _____ Initial: _____