



## Youth Advocacy Board Candidate Application

Name, phone, email address of organization's representative: Jacqueline Ho      (310) 215-0575      jacqueline.ho@dare.org		
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**Date**

**Name**

**Age**

**Residence**

Address

Phone

E-mail

**Parent/Guardian(s)**

Parent/Guardian

Phone

Email

Parent/Guardian

Phone

Email

**School**

Name

Year in School

Year of Graduation

Address

Type of School



