YOUTH COUNCIL APPLICATION

SALINAS VALLEY RECYCLES



____ Date _____

BORTO LERGINOUS E	APPLICANT INFORMAT	Marin The	
First & Last Name			
Preferred Pronouns			
Mailing Address			
High School		Grade 24/25	
Phone #	Text	Yes	No
Email Address			
	PARENT/GUARDIAN INFOR	MATION	
500	Parent/Guardian 1		
First & Last Name		Re lation	
Phone #	Text	Yes	No
Email Address			
	Parent/Guardian 2	ı	
First & Last Name		Re lation	
Phone #	Text	Yes	No
Email Address			
	EMERGENCY CONTAC	TS	
First & Last Name		Re lation	
Phone #			
First & Last Name		Re lation	
Phone #			
As a part of being a member training from July 23- July 25 learning about key concepts thi	5, 2024. You will be me	eting people, o your succes	touring facilities and
YOUR SIGNATURE			Date

PARENT/GUARDIAN SIGNATURE _____

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Technical Specifics			
	e as lastname. Firstname. YCAP24 rop video in Dropbox		
The video should be in a style that reflects you. There is no right or wrong way. We want to get to know you and your unique personality.	We want to learn about your passions in life. Whether it is environmental club: 0), sports, band, video games, animals, chess or something else, we want to know what makes your soul sing!		
Two Problems Tell us about one environmental issue that you are concerned about & one environmental issue at your school. Explain the issue and why everyone should be concerned about these issues.	Now, tell us about your ideas to help your community solve the problem you just presented. Think your solutions through and make sure that your solutions are doable! They don't have to be perfect.		
By submitting your video application to the Salinas Valley Solid Waste Authority (SVSWA) for consideration to be appointed to the Salinas Valley Recycles (SVR) Youth Council, I hereby give permission for the video to be viewed by SVSWA staff and board members. The video submission will not be returned to the sender once submitted.			
YOUR SIGNATURE	Date		
PARENT/GUARDIAN SIGNATURE	Date		