

Contra Costa CourAGE Youth Health Coalition

APPLICATIONS DUE by FRIDAY, May 26, 2017

Mail/deliver your application to: Contra Costa County Office of Education,
ATTN: Derrick Kirk/TUPE, 77 Santa Barbara Pleasant Hill, CA, 94523

Student Information:

First Name: _____ Last Name: _____

Do you have a nickname that you prefer we use? _____

Birthday: ____/____/____ Gender (optional): _____

Ethnicity (optional): _____

Language(s) spoken at home: _____

Mailing Address: _____ City: _____ Zip: _____

Home Telephone: _____ Student Cell #: _____

Student E-mail: _____

Best way(s) to contact you (check all that apply): Home Phone Cell Phone E-mail Mail

School (2017-2018): _____ Grade (2017-2018): 8 9 10 11 12

Are you a member of any of these groups? (check all that apply) DROC FNL SEAYL GSA/QSA
 TUPE Peer Educators Other groups/clubs: _____

How did you hear about CourAGE Youth Health Coalition? _____

Which topic(s) are you interested in addressing as a member? (check all that apply):

Alcohol Marijuana Tobacco Other: _____

Will you have transportation to monthly meetings? (self, parent, BART, etc.) Yes Not Sure No

Parent/Guardian Information:

Parent/Guardian Name(s): _____

Parent/Guardian Cell #: _____ Parent/Guardian E-mail: _____

Emergency Contact Person: _____ Phone #: _____

Parent/Guardian Signature: _____ Date: _____

* Selected applicants will receive parent permission and media release forms to submit prior to the first meeting.



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Office of Education
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