Wyoming Latina Youth Conference Teen Advisor Application



| Contact Information | | |
|-------------------------------------------------------------|----------------------------------------------------|--|
| Name | | |
| Street Address | | |
| City ST ZIP Code | | |
| Home Phone | | |
| Work Phone | | |
| E-Mail Address | | |
| School | | |
| Grade | | |
| | | |
| Additional Information | | |
| Have you ever attended the Wyoming Latina Youth Conference? | | |
| How many conferences have you attended? | | |
| Is there anything you wou | Id like to see added to the Conference? | |
| io there arrything you wou | id like to see daded to the conference. | |
| Interests | | |
| Tell us in which areas or even | nts you are most interested in assisting with? | |
| Conference Workshops _ Other | FundraisingBanquetSet upRadio/TV announcements | |
| | | |
| Please briefly share why | you want to be a teen advisor. | |
| | | |

| What would you like to achieve by becoming a teen advisor? | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Experience, skills and/or | special interests | |
| Summarize any skills, interests or experience you have acquired from employment, previous volunteer work, school classes or through other activities, including personal interests, hobbies or sports. | | |
| Please share a little about yourself and any special skills, interests or experience you may have. | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Personal or Professional Reference | | |
| Name | Terefore the control of the control | |
| Street Address | | |
| City ST ZIP Code | | |
| Home Phone | | |
| Work Phone | | |
| E-Mail Address | | |
| Relationship/years known | | |
| Troiding in pry your or in the initial | | |
| Agreement and Signature | | |
| By submitting this application, I affirm that the facts set forth in it are true and complete. | | |
| Name (printed) | | |
| Signature | | |
| Date | | |
| | | |

Deadline for submitting application

Thank you for completing this application form and for your interest in becoming a teen advisor. Applications are due by April 14th. Please attach a letter of reference stating why you would be an ideal candidate. This can come from your school counselor, advisor, instructor, coach, supervisor or mentor.

Submit to: WLYC, Attn: Dr. Cecelia Aragon, Executive Director, ccaragon@uwyo.edu (307) 766-4124 9/2020

Feel free to type or attach additional pages if needed to complete your answers.