



Our vision is to give teens a voice in our community.

Our mission is to demonstrate that teens are valuable assets and care about matters

## 2018/2019 Pequannock Township Teen Advisory Application

### I. STUDENT INFORMATION

Date of Application: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_  
(last) (first) (mi)

Address: \_\_\_\_\_  
(box or street) (city) (state) (zip)

Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Male or Female: \_\_\_\_\_ School: \_\_\_\_\_

How did you learn about the Teen Advisory Committee?

Newspaper \_\_\_\_\_ Friend \_\_\_\_\_ Parents \_\_\_\_\_ School \_\_\_\_\_

Counselor \_\_\_\_\_ Facebook \_\_\_\_\_ Brochure \_\_\_\_\_ Other: \_\_\_\_\_

**Please note:** Monthly meetings are mandatory for participation. There are also committee meetings and other events requiring approximately 2 hours per week after school. An appointment to the Teen Advisory is a one year commitment.

I have read and understand the time commitment required. I also know the importance of teamwork and cooperation. I am able to make such a commitment.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### II. PARENT / GUARDIAN PERMISSION

Name(s) of Parent Guardian: \_\_\_\_\_

***I hereby give my child permission to apply to the Pequannock Township Teen Advisory and will encourage and support their participation. I hereby give permission to the Pequannock Township Teen Advisory to use my child(s) name and PHOTOGRAPHIC LIKENESS in all forms and media for advertising, trade, and any other lawful purposes, and forfeit all compensation for use.***

Parent / Guardian Signature: \_\_\_\_\_

### **III. SHORT ANSWER QUESTIONS**

We want to know more about you. Please thoroughly answer the following questions. Feel free to use an additional piece of paper if necessary.

1. Are you willing to COMMIT to Pequannock Township's Teen Advisory monthly meetings and activities?
  
  
  
  
  
  
  
  
  
  
2. What activities or commitments will you have, especially during after school hours, during 2018-2019? (including employment, volunteer activities, sports, clubs, etc.)
  
  
  
  
  
  
  
  
  
  
3. Why would you like to become a member of the Teen Advisory? .
  
  
  
  
  
  
  
  
  
  
4. What is one township issue you are passionate about and why?
  
  
  
  
  
  
  
  
  
  
5. What skills or knowledge do you hope to gain from being on Teen Advisory? And how do you feel you can contribute to the Teen Advisory?
  
  
  
  
  
  
  
  
  
  
6. What do you envision a Teen Advisory as being? Why should there be one?

***Pequannock Township Teen Advisory***  
*530 Newark-Pompton Turnpike*  
*Pompton Plains, NJ 07444*

***Mail or drop off at town hall – Attn: Township Clerk.***  
*For more information call: (973)-835-1700, ext. 121*