Thank you for your interest in the Madison County Youth Board. Please complete this application and return a copy to the Sponsor listed below by

**New Member Application**

Please either type or legibly write your responses.

Name:

Address (include city and zip code):

Home Phone Number:  

Cell Phone Number:

E-mail Address:

School:  

Graduating Year:

School Activities:

Out of School Activities (i.e. volunteer work, employment, church involvement, etc.):

Please choose **2 of the 4** questions below. Answers should be written in a paragraph of 7 to 10 sentences. You may type or legibly write your answers on a separate sheet of paper.

1) Why do you want to be a member of the Youth Board?
2) What can you bring to the Youth Board?
3) What could you do to better our County?
4) What do you see as the biggest concerns for Madison County teens?

Please mail your application to:

Amy J. Yeager  
101 E. Edwardsville Road  
Wood River, IL 62095

If you have any questions, please contact Amy at (618) 296-6103 or e-mail ajyeager@co.madison.il.us.

Sincerely,

**Amy J. Yeager, MPH**

Health Promotion Manager  
Madison County Health Department  
Phone: (618) 296-6103  
Fax: (618) 296-7057  
ajyeager@co.madison.il.us