



## Oliver Foundation Teen Advisory Board Application

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City, State Zip

Home Phone: \_\_\_\_\_ Teen Cell Phone: \_\_\_\_\_

Teen E-mail \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parents \_\_\_\_\_ Parent Cell Phone: \_\_\_\_\_

1. How did you learn about the Oliver Foundation Teen Advisory Board?
2. Please list the extracurricular activities in which you participate.
3. Why are you interested in being a member of the Oliver Foundation Teen Advisory Board?
4. What personal skills or traits do you feel you have that would contribute to the Board?
5. What experiences have you had in your life that make you interested in the cause of "YEAH!—Youth Excited About Health"?
6. Have you read the expectations listed in the letter and do you feel comfortable that you can make this commitment of your time?\*

*\*The Oliver Foundation recognizes that kids today are active and busy. We will always make every effort to coordinate events, meetings and activities at the convenience of all kids on the board. We realize that sometimes unforeseen conflicts do arise. We will always work to accommodate family schedules.*

**RETURN COMPLETED FORM ALONG WITH A BRIEF BIO/RESUME AND DIGITAL PHOTO TO  
Sandy Bristow, Program Director, [sjbristow@oliverfoundation.org](mailto:sjbristow@oliverfoundation.org) or mail to address below.**

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