



**Alliance of Communities**  
Transforming Syracuse

**Application for ACTS Youth Council**

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

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

Recommending Staff member: \_\_\_\_\_ Title: \_\_\_\_\_

What experiences have you had so far in working for change in your school, faith community and/or community at large?

\_\_\_\_\_  
\_\_\_\_\_

Which of your character traits do you believe will be most useful to you as a leader in working to improve your community?

\_\_\_\_\_  
\_\_\_\_\_

What issue currently facing the community of Syracuse do you find most pressing? Why?

\_\_\_\_\_  
\_\_\_\_\_

Why would you like to participate in the ACTS Youth Council leadership and advocacy training?

\_\_\_\_\_  
\_\_\_\_\_

What else would you like us to know about you and your experiences in your community?

\_\_\_\_\_  
\_\_\_\_\_

**Contact information:**

Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

Home phone: \_\_\_\_\_ (Please circle the best way to reach you.)