

**High Voltage Youth Camp  
Youth Advisory Board Application**

Thank you for your interest in volunteering with High Voltage Youth Camp.  
All information on this application will be kept strictly confidential and will only be used in the management of the High Voltage Youth Camp.

NAME: \_\_\_\_\_

Title            First            Middle            Last            Nickname

HOME ADDRESS: \_\_\_\_\_

Street            City            State            Zip

HOME PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

ARE YOU A STUDENT? Yes \_\_\_\_\_ No \_\_\_\_\_ IF SO WHERE? \_\_\_\_\_

GRADE \_\_\_\_\_ GPA \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE: \_\_\_\_\_

Relationship \_\_\_\_\_

YOUR EDUCATION: please write-in number of years you attended:

High School or equivalent: \_\_\_\_\_ College \_\_\_\_\_ Graduate School  
\_\_\_\_\_ Doctorate \_\_\_\_\_ Other \_\_\_\_\_

DEGREE OR TRADE OBTAINED: \_\_\_\_\_

**AVAILABILITY**

PLEASE LIST THE HOURS YOU ARE AVAILABLE TO ATTEND MEETINGS WITH THE YOUTH ADVISORY BOARD:

Monday \_\_\_\_\_ Friday \_\_\_\_\_

Tuesday \_\_\_\_\_ Saturday \_\_\_\_\_

Wednesday \_\_\_\_\_ Sunday \_\_\_\_\_

Thursday \_\_\_\_\_

Comments: \_\_\_\_\_

If you are requesting to do a student internship with us, please specify the number of hours required:  
\_\_\_\_\_.

Please list any special interests, hobbies, etc.:

Do you speak of foreign language? Yes \_\_\_\_\_ No \_\_\_\_\_ Please be specific: \_\_\_\_\_

Do you know American Sign Language? Yes\_\_\_\_\_ No\_\_\_\_\_ -

Why are you interested in becoming a member of the High Voltage Youth Camp Advisory Board at this time?

---

Have you ever volunteering in the past? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, please describe your favorite and least favorite experience and what you liked/disliked about each:

---

Please list three people who you have known for 3 or more years who would be willing to serve as personal references (No relatives, please):

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

Phone Number:\_\_\_\_\_ Email:\_\_\_\_\_

Relationship:\_\_\_\_\_ How long have they known you?\_\_\_\_\_

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

Phone Number:\_\_\_\_\_ Email:\_\_\_\_\_

Relationship:\_\_\_\_\_ How long have they known you?\_\_\_\_\_

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

Phone Number:\_\_\_\_\_ Email:\_\_\_\_\_

Relationship:\_\_\_\_\_ How long have they known you?\_\_\_\_\_

**Please return completed application to:  
High Voltage Youth Camp  
P. O. Box 4224  
New Orleans, LA 70185**