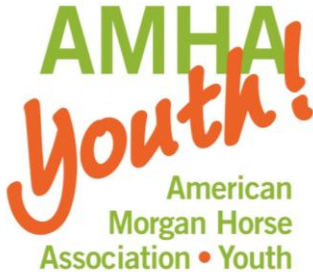




AMHA Youth Council Regional Delegate Application



Name: _____ Age: _____

Address: _____

Phone Contact: (_____) _____ - _____ Email Contact: _____

What AMHA Youth programs have you taken advantage of and how have they benefited you?

Why would you like to be a Regional Delegate to the AMHA Youth Council?

What would you like to see happening in AMHA Youth programs over the next year?

By signing below you are acknowledging that you have read and understand the AMHA Youth Council Policy Statement and the AMHA Youth Council Regional Delegate job description.

Applicant Signature: _____

Parent/Guardian Signature (if under 18): _____

Send completed application to: AMHA Youth Department
4066 Shelburne Rd; Suite 5
Shelburne, VT 05482-4417