



# Youth Anti-Smoking Media Project

## *Application Form*

Application may be submitted by email attachment to [youthndnmedia@gmail.com](mailto:youthndnmedia@gmail.com) or mail to:

Bear River Band of Rohnerville Rancheria  
Attn: Amanda Benson  
266 Keisner Drive  
Loleta Ca. 95551  
Phone: (707) 733-1900 ext. 229

### **General information (please print)**

Name: \_\_\_\_\_ Sex: F \_\_\_\_\_ M \_\_\_\_\_

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

Tribal Affiliation: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Number & Street) (City) (State) (Zip)

Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

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

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

Anticipated year to graduate: \_\_\_\_\_

### **Signatures:**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If Applicant is a minor

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## AVAILABILITY

*Please indicate any dates/times for which you are aware that you will be unavailable (school or medical appointments, family trips, etc.)*

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## References

**Name 1:**

\_\_\_\_\_ Phone: \_\_\_\_\_

Relationship/Title: \_\_\_\_\_ Organization: \_\_\_\_\_

**Name 2:**

\_\_\_\_\_ Phone: \_\_\_\_\_

Relationship/Title: \_\_\_\_\_ Organization: \_\_\_\_\_

**Name 3:**

\_\_\_\_\_ Phone: \_\_\_\_\_

Relationship/Title: \_\_\_\_\_ Organization: \_\_\_\_\_

**Please answer following question in 100 words or less.**

Describe your relevant volunteer experience with any of the following school/community activities/organizations and leadership positions:

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Special Skills or interests, including computer skills, which are relevant to the position that you're interested in?

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Why would you want to participate in the Youth Anti-Smoking Media Project?

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