



Keep Mesquite Beautiful
Youth Environmental Leaders (YEL)
CONFIDENTIAL APPLICATION

Please type or print legibly. Use only available space.

Name: _____
(First) (Middle Initial) (Last)

Name you prefer to be called: _____

Address: _____ City _____ Zip _____

Student Home Phone: _____ Student Cell Phone: _____

Student Email Address: _____ Parent Email Address: _____

Do you prefer to be contacted by Phone, Text or Email? (please circle) PHONE TEXT EMAIL

Age: _____ Birth date: _____ School: _____

Grade: (please circle) Senior Junior Sophomore Freshman

Name of Parent/Guardian: _____

Address: _____ City _____ Zip _____

Father's Home Phone: _____ Father's Cell Phone: _____

Mother's Home Phone: _____ Mother's Cell Phone: _____

Transportation

Students are responsible for their own transportation to and from all SAB activities and events.

Program Commitment

To achieve the objectives of the Student Advisory Board, full attendance by each participant is essential. Most activities will be held after school hours.

Program Consent

I understand and accept the attendance requirements for the Keep Mesquite Beautiful Student Advisory Board.

Signature of Applicant Date

I give my permission for _____ to participate in the Keep Mesquite Beautiful Student Advisory Board. I understand and accept the attendance requirements. I also grant permission for the above named student to participate in all program activities.

Signature of Parent/Guardian Date

Mail completed, signed application to:

Keep Mesquite Beautiful, Inc.
Attn: Jessa Thomas
P.O. Box 850137
Mesquite, Texas 75185
972-329-8331