

Youth Advocates Community Questionnaire

Youth Contact Information:

Name: _____

Age: _____ Gender: _____ Phone Number: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

1. Why do you want to participate in Youth Advocates Community?

2. What would you like to learn about yourself and others while participating in this program?

3. Are you able to receive monthly transportation to and from service projects and social activities? If not, please explain any limitations to transportation?

4. What days during the week are you NOT available to participate in service projects and social activities?

5. In what ways can we assist you to make this service learning experience as successful and enjoyable for you?

If you are not your own Guardian, please provide your Guardian's contact information:

Guardian's Name: _____ Phone: _____

Email: _____

Mail questionnaire to: Alicia Driscoll 2702 Gambell Street, ste 103 Anchorage, AK 99503