



LibertyPartnership
Kino Neighborhoods Council

LPKNC
Youth Council

Please fill out the application in its entirety

Applicant information:

Name: _____

Date of Birth: _____

School: _____ Grade: _____

Address: _____

Youth Cell phone: _____

Youth Email Address: _____

Parent/Guardian Name: _____

Parent/Guardian Phone: _____

Parent/Guardian Email: _____

Parent/ Guardian Signature

Youth Signature

Other important notes:

- Meetings take place on Saturdays from 10am-1:30pm at 6015 S Santa Clara Ave. Please contact Gaby Garayzar for specific dates.
- Parent/Guardian consent is required for minors to participate.
- Direct questions and concerns contact Gaby Garayzar at 520-260-0789 or by email at ggarayzar@cfraz.org.



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LPKNC Youth Council

Please answer all questions.

1. What kind of volunteer opportunities have you been involved with?

2. Why do you want to make a difference in your community?

3. What kind of leadership roles have you taken?
