



APPLICATION FOR MEMBERSHIP

SAN BERNARDINO COUNTY
WORKFORCE INVESTMENT BOARD
YOUTH COUNCIL

NAME: _____

ADDRESS: _____

PHONE: _____

Please indicate the membership category you wish to represent:

- Parent of eligible youth seeking assistance under the Workforce Investment Act
- Youth (between ages of 14 years and 21 years)
- Educational Provider
- Organization that has experience relating to youth activities
- Community Based Organization

Please indicate in the space below your qualifications to represent the specific category:

Please forward completed application to:

Stephanie Soto, Staff Aide
215 N. D Street, S-301
San Bernardino CA 92415-0041
Phone (909) 387-9886
Fax (909) 387-9870

Applicant's Signature

Date