

**Torrance Cultural Arts Foundation  
Youth Advisory Committee Application**

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail address: \_\_\_\_\_

School: \_\_\_\_\_ Grade level: \_\_\_\_\_

Are you able to commit to attending an orientation meeting on or about October 24<sup>th</sup> ?  
Yes No

Please list any additional clubs or organizations that you currently belong to:

Briefly describe your interest and previous experience in the performing/cultural arts.

Briefly describe the contributions you believe you would be able to make to the Foundation by participating in the Youth Advisory Board.

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PARENTAL APPROVAL: I, the undersigned give my child permission to participate in the Torrance Cultural Arts Foundation's Youth Advisory Board. I understand that my child will be attending monthly meetings and volunteering for selected performances and events.

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Print Name

Signature

Date

Please send completed applications to: Torrance Cultural Arts Foundation, PO Box 10416, Torrance, CA 90505. Or e-mail: [cwolf@torranceart.org](mailto:cwolf@torranceart.org)