

MONTANA METH PROJECT

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TEEN ADVISORY COUNCIL APPLICATION

To apply for a position on our TAC, please complete this application and submit it with a letter of reference from a school or community member. You can submit by fax, email or mail to the contact information listed above. We will contact you shortly if you have been selected to be a member. Thank you for your interest in the Montana Meth Project!

NAME: _____
ADDRESS: _____
BIRTHDATE: _____ PHONE: _____
EMAIL: _____ GRADE ENTERING: _____
SCHOOL NAME: _____ CITY/COUNTY: _____
PARENTS NAME(S) _____ PHONE: _____

Have you or a family member been affected by Meth? YES OR NO

Do you have a driver's license or an adult who can provide transportation? YES OR NO

Why are you interested in serving on our Teen Advisory Council?

What other clubs/activities/hobbies are you involved with?

Have you participated in any other Montana Meth Project activities in the past? If so, which ones?

What types of activities would you like to see the TAC be involved with?

Any other questions/comments?

