



*Turning lives around one child at a time.*

**Summit County Juvenile Court High School Advisory Board Nomination Form**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail \_\_\_\_\_

High School \_\_\_\_\_ Year of Graduation \_\_\_\_\_

Nominated by \_\_\_\_\_

How do you know nominee? \_\_\_\_\_

What qualities do you feel the nominee possesses that would make him or her a viable member of the High School Advisory Board?

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If you want, please ask your nominee to explain why he or she would like to serve on the High School Advisory Board.

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Signature of Nominator: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Nominee: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_