



11. Do you have internet access and a device (such as a computer, laptop, tablet, iPad, or cell phone) necessary for attending online meetings?  Yes  No

**Section D. Your Motivations, Interests, and Experience**

12. Please describe the reasons why you are interested in serving on this advisory council.

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13. Please describe any research issues that are of special interest to you.

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14. Please describe any skills or training you have that you think might be relevant to serving on a research advisory council like this one.

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15. Do you have experience with any of the following? *(please check all that apply)*

- Volunteering with Geisinger Health System’s Junior Volunteer Program
- Volunteering (such as at a local hospital or clinic, church groups, youth organizations, or other community board/committee)
- School class or club leadership
- Sports, dance or other team activities
- Other *(please describe)*: \_\_\_\_\_

**Section E. Parent’s Permission to Participate**

Parent’s Full Name *(please print)*: \_\_\_\_\_

Email address: \_\_\_\_\_

Mail address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_

Do you provide consent for your child’s participation in this youth advisory council?

Yes  No Parent’s Signature: \_\_\_\_\_

**Section F. Suggestions for other members**

Do you know of another individual who might also be interested in serving as a member of this precision health youth advisory council? If so, please list their name, phone number, and email address here:

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

Mail address: \_\_\_\_\_

\_\_\_\_\_

Email address: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_

Reason(s) why you suggest this person?

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