

## SpeakOut! Youth Council Student Questionnaire

Please answer the following questions to the best of your ability. Please attach a separate sheet of paper with your responses.

1. Why do you want to be a member of the Speak Out Youth Council?
2. Why specifically is sexuality and health an important topic to you and the community?
3. What actor/actress would play you in a movie about your life and why?
4. How do you stand out in a crowd?
5. If you were a super hero, what would your name be and what type of power would you have?
6. What strengths do you think you can bring to the group?
7. When you put the toilet paper on the roll, do you leave the end “under” or “over”?
8. What is your experience with and attitudes surrounding diversity?
9. What do you want to personally gain from this experience?
10. Who is the most influential person in your life and why?

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Now you have successfully completed the Youth Council Application.

If you have any further questions, please call:  
Jen Lowe, Community Relations Coordinator

Women's Resource Center  
970.663.2288

or

[jen@womens-resource.org](mailto:jen@womens-resource.org)

