



**Cookies and Convo**  
*an initiative of Face to Face Enrichment Center*  
**Community Advisory Board (CAB) Membership Application**

Office Use Only: Date Rec'd _____
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First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Email Address \_\_\_\_\_

Street Address \_\_\_\_\_

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

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

Employer \_\_\_\_\_ Years Experience Working with Youth \_\_\_\_\_

If a student, what school do you attend? \_\_\_\_\_

Please indicate which category you fit in.

\_\_\_\_\_ Teen (ages 14-17)    \_\_\_\_\_ Young Adult (ages 18-24)    \_\_\_\_\_ Adult (25 and up)

How did you hear about the Community Advisory Board? \_\_\_\_\_

What is the closest Face to Face location to you?    Baton Rouge    Metairie    Hammond

Are you committed to meeting either virtually or in-person at least once a month? \_\_\_\_\_

What do you hope to contribute to the program as a member? \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Please share some of your most recent accomplishments. \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Feel free to add any other comments you would like to share. \_\_\_\_\_

\_\_\_\_\_  
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Please submit the application to Face to Face Enrichment Center  
 via email at [info@facetofacecenter.org](mailto:info@facetofacecenter.org)  
 or fax to: 844-567-2491.

*Thanks for your interest in serving as a Cookies and Convo CAB Member.*