

YOUTH COUNCIL APPLICATION
(Please attach a picture of yourself)
And 1 Letter of Recommendation

Full Name _____

Address _____ Telephone # _____

Birthdate _____ Age _____ Grade _____ School _____

In Case of Emergency, notify _____

Emergency Phone Number # _____

Hobbies/Interests _____

Special Skills _____

Tell us a little bit about yourself (personality, school, career goals, etc.) _____

What Service have you been involved with _____

Why are you interested in joining the Clinton City Youth Council _____

What do you know about the Clinton City Youth Council _____

For current youth council members, what positions are you interested in _____

Previous youth council positions _____

(IF YOU NEED MORE SPACE, PLEASE ATTACH A SEPARATE SHEET)