West Bountiful City

2018-2019 Youth City Council Application

Name _____________________________________ Age_______ Birthday________________

Address__________________________________ Phone________________ GPA________

Meetings are 2nd & 4th Thursdays at 5pm. Will you be able to attend 70% of meetings and activities?____

Why do you want to be on the Youth City Council? ____________________________________________

______________________________________________________________________________________

What after school activities are you involved in (sports, clubs, cheerleading, etc.)? ______________

______________________________________________________________________________________

How many hours a week do you devote to these activities? ________________________________

Youth Council sometimes delivers flyers to everyone in the City which could take 2 to 3 hours to do; are you
willing to help with this? ______________

What position would you like to be in?

_____ Mayor Pro Tem  _____ Secretary  _____ Recorder  _____ Treasurer

_____ Historian  _____ Publicity Head  _____ Web Administrator

What service project would you like to see the Youth Council do this year? ______________________

______________________________________________________________________________________

The Youth Council usually has meetings every 2nd and 4th Thursday at 5 p.m. and an activity every month.

Applicant Signature _____________________________________________________________ Date

Parent Signature ______________________________________________________________ Date