

Marriott-Slaterville City
2020 Youth Council Application

Full Name _____

Address _____

Home Phone _____ Cell Phone _____

Email address _____

Birthday _____ Age _____ Grade _____

School you attend _____

Parent/Guardian's name and phone _____

List some qualities you have that would benefit the Youth City Council

List reasons you would like to serve on the Youth City Council

List any activities you would suggest for the Youth City Council

I understand that being a leader in the Youth City Council requires a commitment of time, meetings, assignments, and activities. By signing I understand and agree that if selected for the Youth Council I will uphold my responsibilities.

Signature of Applicant _____ Date _____

Signature of Parent/Guardian _____

Please submit by June 1, 2020