

Youth Citizens Advisory Council

Application

Information							
Full Name:	Last		First		M.I.	Age:	
Address:	-						
	Street Address					Aj	oartment/Unit #
	City				State	ZI	P Code
Phone:				Email			
School _				School Address			
Parent/Guardian's Name:				Fire			
		Last		First		M.I.	
Parent/Gua	rdian's Address:	Street Address					
		City		State	ZIP co	ode	
Parent/Gua	rdian's Phone Nเ	umber and Email	Address:				
List clubs/o	rganizations inclu	uding school and	outside of	school:			
Will you be able to attend meetings outside of school hours?							
Why do you	I want to serve o	n the committee:					