

South Weber City Youth Council

Name :

Address:

Phone:

Email:

Cell Phone:

Birth Date:

Year in School:

GPA:

What extra curricular activities are you involved in? How many hours a week are devoted to these activities?:

Why do you want to be involved in Youth Council?

Name at least one service idea you would like to see the Youth Council accomplish this year.

What do you feel is a problem our youth face today? How would you like to help solve this problem by serving on the Youth Council?

List three qualities you have and how they will contribute to Youth City Council.

Who is your favorite historical figure and why?

Signature _____ Date: _____

Return applications to South Weber City Offices. If you have any questions please give Amy or Michael Poff a call @ 476-9735. **Please Feel Free To Attach A Resume To Your Application**