



ALPINE YOUTH COUNCIL APPLICATION 2009-2010

NAME: _____ DATE: _____

PHONE: _____ CELL: _____ EMAIL: _____

Will you be a Senior, Junior, or Sophomore next school year? Please circle

GPA AND CITIZENSHIP: _____ BIRTHDAY: _____

PARENTS' NAMES: _____

ADDRESS: _____

Are you employed? _____ How many hours a week? _____ T-shirt size _____

School/community activities you're involved with: _____

During the year, the youth council meets every 1st and 3rd Thursday of each month for about an hour. In addition, there are also mandatory service projects and activities required. Will you be able to schedule your time around these requirements? Yes No

How many hours each month can we depend on you to participate with the Youth Council on service projects and activities? _____

Please list some ideas you have that the council could use next year in improving Alpine and being of service to our community:

- 1.
- 2.
- 3.

The Youth Council needs Parent Advisers in order to function. Please let us know if you have a parent who is interested. Questions: Jan Richards 492-3536

Student's signature:

Parent's signature:

Please mail or bring this application to Jan Richards 575 N Bald Mountain Dr., Alpine, UT 84004 by March 7, 2008. You will be notified of a time and date for an interview. ☺

Date received _____ Notified _____ Interview date & time _____ attended _____
City Council report _____ Service project _____ Reminder call _____
Acceptance (A), Wait list (W), Decline (D) letter _____
Parent meeting _____ golf-shirt _____