City of Monroe Youth Council Application

Date:			
Name:		**Gender:**	
Address:			
State		**Zip Code:**	
E-Mail Address:			
Home Phone:		**Cell Phone:**	
Name of School:			
Grade:		**Birth Date:**	

City of Monroe Youth Council
P.O. Box 69
Monroe, NC 28111
Phone: (704) 282-4500
Fax: (704) 283-9098
www.monroenc.org

Parent's or Guardian's name and phone number:

Mother:	
Father:	

Please list two references not related to you along with contact information (phone numbers):

1.	
2.	

What activities are you involved in at school (groups, clubs, teams, etc.)

What activities are you involved in outside of school (interests, church, work, hobbies, etc.)

Briefly describe your knowledge, experience and interest in local government.

Person to Notify in Case of Emergency:

Name (1):			
Address:			
State/Province:		Zip Code:	
Home Phone:			
Cell Phone:			
Relationship:			

Name (2):			
Address:			
State/Province:		Zip Code:	
Home Phone:			
Cell Phone:			
Relationship:			

Please list any special needs you may have:

I understand that if I am selected as a member of the City of Monroe Youth Council I will need to attend monthly meetings, participate in a manner that brings honor and respect to the City of Monroe, its citizens and myself.

Signature **Date**

I give permission for (insert name) to apply for the City of Monroe Youth Council. If selected, I will support him/her in attending meetings and functions related to the City of Monroe Youth Council

Signature of Parent/Guardian **Date**