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*City Youth Leadership Council*

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Application Form

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Grade: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

List clubs, sports, or organizations that you are a part of (through school or your community):

Essay:

Why do you want to join the City Youth Leadership Council? What do you hope to accomplish as a member?

Recommendation Form:

Include at least one, but no more than three, completed recommendation forms from a teacher, community leader, faith-based leader, or any other adult that interacts with you on a professional level. These should not be filled out by a parent or guardian of the applicant.

Will your parent/guardian consent to your participation in the City Youth Leadership Council by your attendance at meetings and other activities representing the City of Lewiston?

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Parent/Guardian Signature