Application Form

YOUTH CONNECTION COUNCIL

Adult Membership

Name:_____

Address: _____

_____ Telephone:_____

E-Mail Address (if applicable): _____

School (if applicable):_____

1. Why do you wish to serve on the Youth Connection Council?

2. What previous experiences show your commitment to youth and the community?

3. Do you feel it is important for youth to be involved in their community? If so, why?

4. Please give three personal or professional references (particularly helpful if related to your work with youth). Include name, organization or relationship to you and a daytime telephone number.

Please return to:

Connie Elvin, Coordinator
ISD 196 Community Education Youth Services
15180 Canada Avenue
Rosemount, MN 55068
Telephone: 651-423-7927