Application Form

YOUTH CONNECTION COUNCIL

Youth Membership

Name:_____

Address_____

---------- Home Phone:_____

Email Address (if applicable):_____

School:_____Grade:_____ Teacher or Contact Adult:_____

(For Inter-School Mai)

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

2. What previous experiences show your commitment to your school and/or the community?

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

4. Please give three references of people who know about your involvement with your school and community (teacher or counselor, for example).

Please return to:

Connie Elvin, Coordinator
District 196 Community Education Youth Services
15180 Canada Avenue W.
Rosemount, MN 55068
Telephone: (651) 423-7927