YOUTH COMMISSION
APPLICATION – FALL 2016

Feel free to attach a separate sheet if necessary.

NAME:	PHONE NUMBER:
ADDRESS:	EMAIL:
SCHOOL NAME:	YEAR IN SCHOOL: (FALL 2016)
LIST SCHOOL ACTIVITIES IN WHICH YOU PARTICIPATE OR HAVE PARTICIPATED IN THE PAST.	
LIST COMMUNITY ACTIVITIES / PART-TIME JOBS. BRIEFLY DESCRIBE YOUR ROLE IN THEM.	
HONORS / AWARDS YOU HAVE RECEIVED:	

WHY ARE YOU INTERESTED IN SERVING ON THE YOUTH COMMISSION?

WHAT ONE LOCAL ISSUE OR MUNICIPAL SERVICE ARE YOU PARTICULARLY INTERESTED IN DISCUSSING AND/OR CHANGING? WHY?

PLEASE LIST THREE ADULT REFERENCES (At least one reference should be a teacher or school administrator. Please do not list relatives as references.)

NAME	*RELATIONSHIP*	*PHONE NUMBER*
1.		
2.		
3.		

WILL YOU BE ABLE TO ATTEND ONE MONDAY EVENING MEETING PER MONTH AND OTHER OCCASIONAL EVENTS AS SCHEDULED?

YES NO

SIGNATURE: DATE

PARENT/GUARDIAN SIGNATURE: DATE

Please return this application to: Village of La Grange Park; 447 N. Catherine Avenue; La Grange Park, IL 60526
Fax: 708-354-0241; or dcurelo@lagrangepark.org