

## CITY OF DUARTE 1600 Huntington Drive Duarte, California 91010 (626) 357-7931

## **APPLICATION FOR MAYOR'S YOUTH COUNCIL**

I.	PERSONAL		
		Home Phone	
Nam	ne (Last, First, Middle)		
		Cell Phone	
Hom	ne Address (Number and Street)		
<u>/0:4-</u>	. 04-4- 7:- 0-4-)	Email	
(City	y, State, Zip Code)		
School		Grade	
II.	<ul> <li>applicant must meet all of the following</li> <li>Must be a City of Duarte resisted</li> <li>School District</li> <li>Must be able to attend all meeting</li> <li>Must be a 7<sup>th</sup> – 11<sup>th</sup> grader at</li> </ul>	<ul> <li>be eligible for appointment as a member of the Mayor's Youth Council, the pplicant must meet all of the following requirements:</li> <li>Must be a City of Duarte resident or attend school in the Duarte Unified School District</li> <li>Must be able to attend all meetings and events</li> <li>Must be a 7<sup>th</sup> – 11<sup>th</sup> grader at time of application</li> </ul>	
III.	STATEMENT OF INTEREST On a separate sheet of paper, please answer the following question in detail.		
	<ol> <li>In what school or community activities do you currently participate?</li> <li>Why you would like to serve on the Youth Council?</li> <li>What are your goals for the future?</li> </ol>		
IV.	ADDITIONAL INFORMATION You may wish to attach a copy of your current resume.		
serve state	spectfully submit my application to e on a Mayor's Youth Council. All ements made in this application are and complete.	I give my permission for my child to apply for the Mayor's Youth Council.	
Signature		Parent's Signature	