



City of Cottage Grove  
Youth Advisory Council (YAC) Application  
2016-17



Date: \_\_\_\_\_

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

Grade: \_\_\_\_\_

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

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

Phone Number: (home) \_\_\_\_\_ Email: \_\_\_\_\_

(cell) \_\_\_\_\_ Do you receive text messages Y / N

Parent's Name: \_\_\_\_\_

Address (if different): \_\_\_\_\_

How did you hear about the Youth Advisory Council?

List your interests & activities. (hobbies, sports, clubs, organizations, positions etc.)

Why do you want to serve on the Youth Advisory Council?

Will you be able to regularly attend Youth Advisory Council meetings every 1<sup>st</sup> & 3<sup>rd</sup> Monday from 6:15 to 7:30pm? \_\_\_\_Yes \_\_\_\_No

Do you feel it is important for youth to have a voice in City government? \_\_\_\_\_ Why?

What do you think is the biggest issue facing youth in our community today?

What do you think the YAC could do to help solve this issue?

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I understand that if I am selected as a member of the City of Cottage Grove's Youth Advisory Council, I will need to attend regular meetings and participate in a manner which brings honor and respect to the Council.

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Student's Signature

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Date

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### Parental Permission

I give permission for \_\_\_\_\_ (*student name*) to apply for the Youth Advisory Council. If selected, I will support \_\_\_\_\_ in attending meetings and functions of the Youth Advisory Council.

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Signature of Parent or Guardian

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Date

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**Return completed application before**  
**Monday, October 3, 2016**  
to the City Manager's office at City Hall: 400 E. Main Street.  
(Or bring to the YAC meeting on Monday, October 3, 2016 at 6:15)  
If you have questions, call the City Manager's office at 942-5501.