



City of Cottage Grove
Youth Advisory Council (YAC) Application
2017-18



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 1st & 3rd 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?

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.

Student's Signature

Date

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.

Signature of Parent or Guardian

Date

Return completed application to:
The City Manager's office at City Hall: 400 E. Main Street.
If you have questions, call the City Manager's office at 942-5501.