The City of Milan Youth Council Membership Application 2018-2019 Term

Name _____________________________________________________

Address __________________________________________________________________________

City ________________________ State _______ Zip ___________

Home Phone __________________________ Cell Phone _____________

Email address ________________________________________________

What grade are you in currently at school? _______________________

Have you been a member or liaison on the Milan Youth Council before? ___YES ___ NO

If you answered YES to the previous question, how long have you served on the Youth Council?

Why do you want to be a member of the Milan Youth Council?

What clubs, activities, sports, and extracurricular activities do you participate in?

What do you want to do for Milan Teens? What activities or programs?

How have you demonstrated yourself as a leader in school and the community?
Do you have any major conflicts that might interfere with evening meetings, volunteer events during the day, or meetings with city groups?

Do you think the school work load and outside activities that you are already committed to will allow you enough time to focus on the Youth Council in the next year? Explain.

Your Signature: X__________________________________________

Parent Signature: X__________________________________________

Please turn this application in at the City Hall office
147 Wabash Milan, MI 48160

OR

Send a copy to:

Ann Gee (Youth Council Advisor)  annq@milanmich.org

Thank you for your interest! We are looking forward to hearing from you!