



CITY OF FOUNTAIN FOUNTAIN YOUTH COUNCIL APPLICATION

Criteria for Application

Applicants must be at least 14 years of age and no older than 18 years of age as of July 1 for the year for which they will serve on the Fountain Youth Council. Committee members will be appointed for one-year terms that run from September 1 through August 31 each year.

Applicants must be residents of the City of Fountain for one year prior to application. Students of Fountain-Fort Carson School District #8, Widefield School District #3, area home schooled, private and/or parochial school students, are encouraged to apply.

For more information regarding the Fountain Youth Council and its functions, please contact City Councilmember Detra Duncan, Liaison to the Fountain Youth Council at 719-232-7009.

This application and a recommendation letter from a non-family member are due by _____ p.m. on _____, 20____. Late applications will be filed for future vacancies.

DATE: _____

NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____

CITY/STATE: _____ ZIP CODE: _____

HOME PHONE: _____ CELL: _____

E-MAIL ADDRESS: _____

What grade will you attend in school next fall? _____

Can you commit to meeting one day a month for at least 1 year? Yes No

Please list three references:

Name	Relationship/Association	Telephone #
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Why do you want to serve on the Fountain Youth Council? (please be specific)

2. In your opinion, what is the biggest challenge facing young people today? What ideas do you have to help address this challenge?

3. Why do you feel it is important for youth to have a voice in City government?

4. List four or more issues that are of major concern to youth today:

- a) _____
- b) _____

c) _____

d) _____

Hobbies/interests: _____

In case of emergency notify: _____ Phone #: _____

I understand that if I am selected as a member of the Fountain Youth Council, I will need to attend monthly meetings, and participate in a manner which brings honor and respect to the Council.

Signature

Date

I _____ give permission for my [son/daughter] _____ to apply for the Fountain Youth Council. If selected, I will support them in attending meetings and functions of the Fountain Youth Council. I understand that the City may utilize media and photographs for educational, informational, and promotional purposes.

Signature of Parent or Guardian

Date