

St Helens Youth Council Application



Student Name _____ Age _____ Grade _____

Address _____

Home Phone _____ Cell Phone _____

Email Address _____

Parent/Guardian's Name(s) _____

Home Phone _____ Cell Phone _____

Email Address _____

Emergency Contact Name _____ Phone _____

Will you be able to attend SHYC meetings once or twice a month? (check one) 1 2

Why would you like to be a member of SHYC? What do you hope to gain from this experience?

Describe your skills and strengths and why they would be great for SHYC.

SHYC hosts a variety of programs and events. These activities require each of the members to take on a number of roles such as speaking roles, technology roles, behind the scenes planning, etc. What type of roles are you comfortable taking on?

In your opinion, what is the greatest issue youth are faced with today?

If given the resources, what do you envision you could do to help address this issue?

Please describe any experience (volunteer) which has helped prepare you for a position on SHYC.

How did you hear about SHYC?

Are you interested in being on the SHYC Executive Committee? If so, what position?

- President
- Vice President
- Treasurer
- Secretary
- City Council Representative

Please provide the contact information for two references (not related to you).

Reference #1

Name and Title _____
Address _____
Phone _____ Email Address _____

Reference #2

Name and Title _____
Address _____
Phone _____ Email Address _____

Print Student Name Student Signature Date Signed

Print Parent Name Parent Signature Date Signed

Please return to: Kathy Payne, City Recorder
 St. Helens City Hall
 P.O. Box 278 / 265 Strand Street
 St. Helens, OR 97051