

Hooper City Youth Council

I. GENERAL (Please print or type)

Name: _____

Address: _____
(City) (State/Province) (Zip)

Cell Phone: _____

Email: _____ Age: _____ Date of Birth: _____
Female: _____ Male: _____

Friends who would like to participate:

Name-

Phone Number-

Name-

Phone Number-

II. PLEASE RESPOND TO THE FOLLOWING QUESTIONS.

a. What have you been doing recently with family, friends, in church, at work and in the community, that is important to you? Why is this important?

b. What is it about the position of Hooper Youth City Council representative that makes you want to apply?

c. Recognizing that each individual has different gifts, how do you believe you can contribute to the Hooper City Youth Council?

Parent/Guardian Consent

Applicant's Name: _____ Age: _____

Parent/Guardian Name(s): _____

Address: _____
(City) (State/Province) (Zip)

Cell Phone: _____ Who? _____

Email: _____ Who? _____

I, _____ (parent/guardian) understand the responsibilities and expectations of General Youth Council Representative and give my consent and support to my daughter/son in applying for this position.

Parent/Guardian Signature: _____

In case of emergency the parent or guardian signing the consent will be the first contact. Please list a second emergency contact.

Name: _____

Address _____
(City) (State/Province) (Zip)

Home Phone: _____ Cell Phone: _____

Email: _____

Relationship to applicant: _____

PLEASE RETURN THIS AS PART OF THE APPLICATION TO

**Hooper City Offices or
Heather Boyack
4643 W. 5800 S
Hooper, UT 84315
(385) 777-4948**

Valuable Information

Requirements:

- Come with a positive attitude. Everyone's input will be valued.
- During meeting times and other activities, cell phones will be required to be put on silent and kept away, unless being used for city business.
- Be ON TIME. Meetings are to be determined. The meetings will be located in the City Building and will be approximately 1-hour long.
- 80% attendance at all meetings, activities, and service projects.