Town of Grand Coulee

Youth Council Member Application

Applicant Information			
Full Name:		Date:	
Address:			
City		Province	Postal Code
Phone:	Email		
Alt Phone:			
Have you participated in Youth Council be	YES NO efore?		
	Emergency Contact		
Name:			
Phone:			
Relationship:			
What other activities do you participate in? activities, sports, etc.)	? (ex: school, work, volunteer wor	k, other youth group	os, extra curricular
Why do you want to participate in Youth C	Council?		
Applicant Signature:		Date:_	
Parent/Guardian Signature:			