



CITY OF DRIGGS

Mayor Hyrum F. Johnson

Mayor's Youth Advisory Council Application Form

Name: _____ Age: _____

Address: _____

Phone number: _____ Email: _____

Enrolled school: _____ HS graduation year: _____

- 1. Please provide one letter of recommendation from a teacher, employer, or community leader.*
- 2. Please complete the following written responses. May be typed on a separate sheet.*

What school or extracurricular activities are you (or have you been) involved in?
Positions/Offices? Awards/Honors?

Why do you want to be a member of the Mayor's Youth Advisory Council? What qualities do you have that would benefit the Mayor's Youth Advisory Council?

What types of community projects or service would you like to be a part of?

Time commitment: The MYAC meets the second Tuesday of each month at 4:00 p.m. In addition, your help will be necessary for various service projects, council meetings, and activities. You will need to attend all meetings and activities possible. You will serve for one year. Will you be able to meet this commitment?

Financial commitment: There is no financial commitment for youth participants.

Student Signature

Date

Parent/guardian signature

Date

Parent/guardian phone number

Parent/guardian email address

Take completed applications to Driggs City Hall, 60 South Main, or email completed forms to MayorJohnson@DriggsIdaho.org.