

**YOUTH COUNCIL APPLICATION**

NAME: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ Zip: \_\_\_\_\_

PHONE: \_\_\_\_\_ Email: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ Weighted GPA: \_\_\_\_\_

The Youth Council meets regularly at 3:45 p.m. on the first Friday of each month in the City Council Chambers. Additional meetings may be held as required.

Applications must be filed with the City Clerk no later than 5:00 p.m., Monday, April 1, 2019. For more information, please contact the City Clerk's Office at (818) 790-8880.

**Please answer the following questions in paragraph form. All answers must be in complete sentences. If you need additional space, please attach a separate sheet of paper to this application.**

1. List all extra-curricular activities/organizations in which you are/have been involved:

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2. Please describe your time constraints and availability - after-school, evenings, weekends, extended absences from town that would interfere with attendance at Council meetings:

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5. Please make any other comments which you believe will be helpful to the City Council in making their selection:

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\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Parent**

\_\_\_\_\_  
**Date**

When completed mail, fax, email or submit original to the Office of the City Clerk.

Mailing Address: City of La Cañada Flintridge  
One Civic Center Drive  
La Cañada Flintridge, CA 91011  
Phone: (818) 790-8880  
Fax: (818) 790-7536  
[tmoreno@lcf.ca.gov](mailto:tmoreno@lcf.ca.gov)