

Mount Pleasant Youth Council Application

Please Print:

Name (First, MI, Last) _____
Age _____
Current Grade _____ School _____
Home Address _____
City _____ Zip _____
Code _____ Home Phone _____
Cell Phone _____
E-mail address _____

Please List 2 References:

* One must be a Teacher *

References:

- 1) Name _____
Phone _____
Relationship _____

- 2) Name _____
Phone _____
Relationship _____

Student: I have read and understand the commitment required of the Mount Pleasant Youth Council. I understand the membership terms and will represent the Town of Mount Pleasant with Pride.

Signature of applicant _____ Date _____

Parent/Guardian: I give permission for _____ to seek the position of a Mount Pleasant Youth Council member. I will support his/her attendance at bimonthly meetings and participation in Youth Council activities and projects.

Signature of parent/ guardian _____ Date _____