

APPLICATION FOR THE CITY OF MILTON YOUTH COUNCIL

Please Return to:
The City of Milton Planning and
Development Department:
Mailing - P.O. Box 909, Milton, FL 32572 or;
Physical - 6738 Dixon Street
Milton, Florida 32570

*Please print neatly in blue or black ink.

Name _____ Date _____
Parent's Name(s) _____
Home Phone # _____ Other Phone Line _____
Address _____ City _____ State _____ Zip _____
E-mail Address _____

School Name: _____

Grade: _____ Age: _____ Grade Point Average: _____

List the extra-curricular activities that you currently take part in: _____

List any other organizations or clubs you are currently a member of: _____

Why do you want to be involved in the City of Milton Youth Council? _____

Describe your ideas and goals for this Council and how they can benefit the Community. _____

If you could change one thing about this City, what would that be and why? _____

What are you passionate about? _____

APPLICATION FOR THE CITY OF MILTON YOUTH COUNCIL

Commitment Statement:

I understand that being a member of the City of Milton Youth Council carries certain responsibilities. I agree to conduct myself as properly befitting a representative of my City and abide by all guidelines of the Council. I understand that four or more consecutive absences from Youth Council meetings is grounds for dismissal.

*Please see the attached *List of Offices and Duties* document.

Student Signature: I have read and understand the above commitments required for the Council.

Student Signature

Date

Parent/Legal Guardian Signature: I give my permission for the above named applicant to seek a position on the City of Milton Youth Council and I have read and understand the commitments required for the Council.

Parent Signature

Date

*Completing this application does not guarantee a seat on the Youth Council. If you have any questions please call the City of Milton Department of Planning and Development: 1(850) 983-5440