



TOWN OF WHITESTOWN, IN  
**YOUTH COUNCIL APPLICATION**

The vision for the Whitestown Youth Council is to give our young citizens a formal role in local decision making in their local government and to promote civic engagement and servant leadership among young Whitestown residents. If you are interested in serving on the Whitestown Youth Council, please complete the following application and return it, along with a letter of interest and any letters of recommendation, via email to your Town Council representative. Applicants **MUST** live within the Town's municipal boundaries and be in grades 9-12. Please type or print clearly in blue or black ink. You may attach additional sheets if necessary. Your Town Council representative will notify you via email whether or not you have been chosen to be an appointed member of the Whitestown Youth Council.

Name: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

The Town of Whitestown does not discriminate based on race, ethnicity, gender, sexual orientation, creed, national origin or disability. This information need not be provided.

Why do you want to serve as a member of the Whitestown Youth Council? (feel free to add a sheet of paper)

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What do you think are the three most important issues to you and your peers concerning you neighborhood and town?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Please list any other activities you will be involved in during the school year. Include employment, sports, community activities and school commitments.

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What personal skills and characteristics do you possess that would make you a good representative?

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If you could bring one thing to this Town or change one thing, what would it be?

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Are you willing to attend the meetings, events and activities of the Youth Council for one year and commit to making a positive difference in our town?

Yes \_\_\_\_\_ No \_\_\_\_\_

Please list two adult references (non-relatives) with phone numbers:

1. \_\_\_\_\_

2. \_\_\_\_\_

Note: while it is not required, feel free to attach and submit letters of recommendation from teachers, mentors, or other adults when submitting this application.

I have read and understand the commitment required for the Whitestown Youth Council. I also realize the importance of teamwork and cooperation and I am willing to make this commitment.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian Permission: I give my permission for \_\_\_\_\_ to seek the position of representative on the Whitestown Youth Council.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Telephone Number: \_\_\_\_\_

Name of Emergency Contact and relationship to youth: \_\_\_\_\_