



City of Palestine
504 N. Queen Street
Palestine, TX 75801
(903) 731-8414

YOUTH ADVISORY COUNCIL APPLICATION 2010-2011

NAME: _____ DATE: _____

PHONE: _____ CELL: _____ EMAIL: _____

Will you be a Senior, Junior, or Sophomore next school year? Please circle

GPA AND CITIZENSHIP: _____ BIRTHDAY: _____

PARENTS' NAMES: _____

ADDRESS: _____

Are you employed? _____ How many hours a week? _____ T-shirt size: _____

School/community activities you are involved with: _____

How many hours each month can we depend on you to participate with the Youth Advisory Council on service projects and activities? _____

Please list some ideas you have that the council could use next year in improving Palestine and being of service to our community:

- 1.
- 2.
- 3.

The Youth Advisory Council needs Parent Advisors in order to function. Please let us know if you have a parent who is interested. Questions: Councilmember Vickey Chivers (903) 731-4162

Student's signature: _____

Parent's signature: _____

If you wish to become a candidate for appointment to the Youth Advisory Council, please return this completed form to Janelle Williams at 504 N. Queen Street, fax to (903) 731-9219, or email to jwilliams@palestine-tx.org.

For Office Use Only

Date received _____ Notified _____ Interview date & time _____ Attended _____

City Council report _____ Service project _____ Reminder call _____

Acceptance (A), Wait list (W), Decline (D) letter _____

Parent meeting _____ T-shirt _____