

**Alpine Youth Council Application 2018-2019**

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| NAME | | SCHOOL ATTENDING  NEXT YEAR |
| ADDRESS | | |
| EMAIL | | Place an X next to the grade you will be in NEXT YEAR:  SOPHOMORE JUNIOR SENIOR |
| HOME  PHONE |  | CELL |
| Are you employed? YES NO | How many hours per week on average? | |
| School/Community activities in which you are involved: (If you are running for your school’s student council for the 2018-2019 school year, you are welcome to apply for AYC; however, if you make it on student council, you will not be considered for AYC.) | | |
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| PARENT(S) NAMES | |
| PARENT(S) EMAIL | CELL |

Do you have any ideas that the council could use next year for improving Alpine and being of service to our community?

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| 1. |
| 2. |
| 3. |

AYC is run by parent volunteers. We need parents to help throughout the year with various activities. If your parent is available to help, please put his/her name below.

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| --- | --- |
| PARENT’S NAME | PHONE NO. |

STUDENT SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PARENT SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please type your name to indicate your electronic signature and have your parents do the same. Save this document with YOUR NAME as the file name and email it to [alpineut@gmail.com](mailto:alpineut@gmail.com). If you have a problem completing this form electronically, please print it, fill it out, then scan and email it to [alpineut@gmail.com](mailto:alpineut@gmail.com). Please also email your Letters of Recommendation to the same email address. If you have any questions, contact Amy Lundquist at (801)756-1811.

**FOR AYC OFFICIAL USE ONLY**

Date Received Notified Interview

City Council Meeting Service Project AYC Meeting