

**Application to Serve  
on the  
Town of Walnut Youth Leadership Council**

Please print neatly in blue or black ink.

Name \_\_\_\_\_ Date \_\_\_\_\_  
Parent's Name(s) \_\_\_\_\_  
Home Phone \_\_\_\_\_ Teen Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Why do you want to be involved in the Youth Leadership Council?

---

---

---

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

---

---

List all organizations, clubs, athletic teams, etc. in which you are currently active.

---

---

I understand that being a member of the Town of Walnut Youth Leadership Council carries certain responsibilities. I agree to conduct myself as properly befitting a representative of my community and abide by all guidelines of the Council.

**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 Youth Leadership Council and I have read and understand the commitments required for the Council.

---

**Parent Signature**

**Date**