

# The City of Mineral Point Youth Liaison Application

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## Student Information

Applicant's name: \_\_\_\_\_

Address: \_\_\_\_\_

City: Mineral Point      State: WI      Zip Code: 53565

Grade: \_\_\_\_\_ School: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_

Phone number: \_\_\_\_\_ E-mail: \_\_\_\_\_



Mineral Point, Wisconsin

## Parent/Guardian Information

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

Parent/Guardian phone number: \_\_\_\_\_

## Short Answers

What activities are you currently involved in?

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What skills and qualities do you have that would make you a great Youth Liaison?

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Why do you think youth involvement is important in the community?

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In your opinion, what are some core issues facing youth in your school, in your neighborhood, and in your city? What can the Youth Liaisons do to solve such problems?

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**Application Due: April 24, 2020**

Please submit application to [administrator@cityofmineralpoint.com](mailto:administrator@cityofmineralpoint.com)