

2026- 2027
West Bountiful
Youth City Council Application



Name: _____ Grade (2026-2027 yr.): _____

Address: _____ Birthday: _____ GPA: _____

Personal Phone: _____ E-mail: _____

Parent's Name: _____ Parent's Phone: _____

1. Why do you want to be on the Youth City Council? _____

2. What after-school activities are you involved in (sports, clubs, cheerleading, etc.)? _____

3. How many hours per week do you devote to these activities? _____

4. Meetings are typically held the 2nd & 4th Thursday of each month at 5pm. Will you be able to attend meetings in accordance with the Youth City Council Bylaws? (*see attached*) _____

5. In addition to meetings, the Youth Council participates in service activities, oftentimes on Saturdays. Are you willing to help with these activities? _____

6. Are you comfortable collaborating in a group, taking part in group planning, and sharing your ideas openly? _____

7. What Youth Council position(s) would you be interested in?

Mayor Pro Tem _____ Secretary/Communications _____ Recorder _____ Treasurer _____

Historian _____ General Membership _____

I have read the Bylaws of the West Bountiful Youth City Council and commit to abide by them.

Applicant Signature

Date

Parent

Date