2026- 2027
West Bountiful
Youth City Council Application

Name: _____ Age (on 9/1): _____ Birthday: _____

Address: _____ Grade (next yr):_____

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 on the 2nd & 4th Thursday of each month at 5pm. Will you be able to attend meetings in accordance with the Youth City Council Bylaws? (s*ee 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. What service project(s) would you like to see the Youth Council do this year? _____

_____

7. What Youth Council position(s), if any, would you be interested in and why?

   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