

Calhoun County Youth Council Application

Please Print

Name: _____

Address: _____ City: _____ Zip: _____

Telephone Number: _____ E-mail: _____

School: _____ Grade: _____

Extracurricular Activities/Leadership Roles/Volunteering Experience:

Please respond to the following questions on a separate sheet of paper. Answers should be no longer than 500 words.

- 1) Why do you want to be a member of the Calhoun County Youth Council?
- 2) What issues are important to you in Calhoun County?
- 3) What roles would you like to see the Youth Council play in County Government?
- 4) What skills can you bring to the Youth Council?
- 5) Are you a member of any other Youth Advisory Board?
- 6) Are you a resident of Calhoun County?

Letters of Recommendation

Please submit two letters of recommendation, at least one of which must be from a teacher or other school personnel.

Please send your completed application to the Calhoun County Board of Commissioners, ATTN: Youth Council, County Building, 315 West Green Street, Marshall, Michigan 49068 by **Friday, June 22, 2007**. Questions may be directed to County Commission Chairwoman Kate Segal at 269-979-9767 or katesegal@hotmail.com.