Torrance Youth Council

2013– 2014 APPLICATION

Please Print

NAME: _____ Age: _____ Grade: (September) _____

ADDRESS: _____

CITY: _____ Zip: _____

PHONE: _____ E-mail: _____

SCHOOL: _____Weighted GPA: _____

LIST ALL HONOR, AP (ADVANCED PLACEMENT), AND COLLEGE COURSES YOU HAVE TAKEN OR ARE CURRENTLY ENROLLED IN:

_____

_____

_____

LIST ANY COMMUNITY SERVICE YOU HAVE DONE:_____

_____

_____

_____

LIST ALL EXTRA CURRICULAR ACTIVITIES: _____

_____

_____

_____

LIST ANY EMPLOYMENT POSITIONS YOU HAVE HAD, OR CURRENTLY HAVE AND INDICATE WHEN YOU HELD SUCH POSITIONS?

POSITION	DATES	HOURS A WEEK

IF SELECTED AS A YOUTH COUNCILPERSON, **WHAT IDEAS** WOULD YOU BRING TO THE COUNCIL? _____

_____

_____

_____

WHAT ARE SOME OF **THE QUALITIES YOU FEEL** MAKE YOU CAPABLE OF PERFORMING THE DUTIES OF A YOUTH COUNCIL MEMBER?_____

_____

_____

_____

PICK YOUR **MOST IMPORTANT** EXTRACURRICULAR ACTIVITY THAT BEST DESCRIBES YOU AS A PERSON. DESCRIBE THIS ACTIVITY AND YOUR PARTICULAR INVOLVMENT IN IT.

_____

_____

_____

_____

CHARACTER REFERENCES: Provide two references (we can contact) that have first-hand knowledge of your character, personality, and general ability; *but who are not related to you.*

NAME_____RELATIONSHIP_____PHONE_____

NAME_____RELATIONSHIP_____PHONE_____

_____ _____

APPLICANT'S SIGNATURE **PARENT'S SIGNATURE (if under 18)**
(*NOT an option)*

_____

SCHOOL COUNSELOR'S SIGNATURE ***(NOT an option)***

MAIL TO: Torrance Youth Council
Attn.: Deborah Reed, Senior Recreation Supervisor
3031 Torrance Blvd.
Torrance, CA 90503

DR:gmb:ythcounc\Application
Revised