



# Riverton City Youth Council Application

Name \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Birth Date \_\_\_\_\_ E-mail \_\_\_\_\_

How did you find out about Riverton City Youth Council?

What leadership opportunities have you had in the past?

Are you interested in taking an Appointed Position on the Youth Council? If so, what?

Please write a statement explaining why you want to be a member of the Youth Council. Include what you would like to accomplish on the Council, what you hope to gain through membership, and why you should be selected as a member.

If you were given the opportunity to coordinate a community service project what would you do and why?

If you are selected to serve on the Youth Council you will be expected to participate in the meetings held on the 2nd and 4th Thursday of each month. As well as participate in the service projects and events. If you are willing to commit to this please sign below.

\_\_\_\_\_  
Applicant's Signature                      Date                      Parent's Signature                      Date

Contact: Pam Henderson, Advisor— (801) 860-2059 [fivesonshen@gmail.com](mailto:fivesonshen@gmail.com)  
Brooke Ballard, Youth Mayor— (801) 830-9308 [brookiebirds@gmail.com](mailto:brookiebirds@gmail.com)  
Please return completed application to Riverton Recreation 12830 S.1700 W. or  
[parksandrec@rivertoncity.com](mailto:parksandrec@rivertoncity.com)