



**The City of Milan
Youth Council
Membership Application
2018-2019 Term**

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email address _____

What grade are you in currently at school? _____

Have you been a member or liaison on the Milan Youth Council before? ___YES ___ NO

If you answered YES to the previous question, how long have you served on the Youth Council?

Why do you want to be a member of the Milan Youth Council?

What clubs, activities, sports, and extracurricular activities do you participate in?

What do you want to do for Milan Teens? What activities or programs?

How have you demonstrated yourself as a leader in school and the community?

Do you have any major conflicts that might interfere with evening meetings, volunteer events during the day, or meetings with city groups?

Do you think the school work load and outside activities that you are already committed to will allow you enough time to focus on the Youth Council in the next year? Explain.

Your Signature: X_____

Parent Signature: X_____

***Please turn this application in at the City Hall office
147 Wabash Milan, MI 48160***

OR

Send a copy to:

Ann Gee (Youth Council Advisor) anng@milanmich.org

Thank you for your interest! We are looking forward to hearing from you!