



## City of Seward Youth Leadership Council Application

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Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Phone Home: \_\_\_\_\_ Phone Cell: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthday: \_\_\_\_\_

Have you participated in Youth Leadership Council before? Yes No

If yes what years (YYYY): \_\_\_\_\_

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*Please provide detailed answers where applicable.*

1. How do you hope to develop as a leader in the youth/teen council?

\_\_\_\_\_

2. What hobbies and activities are you interested in?

\_\_\_\_\_

3. What does the term "Public Service" mean to you?

\_\_\_\_\_

4. What is one of the biggest issues(s) youth face in Seward or your neighborhood? How could youth/teen council address these needs?

\_\_\_\_\_

5. What makes you a unique candidate for youth leadership council?

\_\_\_\_\_

6. What other sports or organizations, if any, do you currently belong?

Sport/organization: \_\_\_\_\_ Coach/Leader: \_\_\_\_\_ Position: \_\_\_\_\_

Sport/organization: \_\_\_\_\_ Coach/Leader: \_\_\_\_\_ Position: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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