



YOUTH COUNCIL MEMBERSHIP APPLICATION

PLEASE PRINT CLEARLY IN INK OR TYPE

Date of Application: _____

Last Name	First Name	Middle Initial
-----------	------------	----------------

Mailing Address	Number	Street	City	State	Zip Code
-----------------	--------	--------	------	-------	----------

Residential Street Address: _____

Telephone Number(s): _____

Email Address: _____

Grade: _____ Age: _____

Parent/ Guardian Contact Information: _____

* I have been a resident of Bisbee for _____ years

Please provide a brief summary of your Volunteer Efforts:

Please list your school activities you are involved in:

Why are you interested in serving on the Youth Council:

What Youth Projects are important to you:

Have you ever been convicted of a felony or misdemeanor by any court or do you have any pending criminal charges against you? Yes No If yes, please Explain: _____

WAIVER REQUEST (if Applicable):

I am requesting that the following rule(s) be waived in order to serve on the Commission:

- _____ Residency Requirement (Bisbee Resident for less than 1 year)
- _____ Age Waiver

I am requesting this/these waivers for the following reasons for consideration:

I hereby certify and affirm that all the information contained in this application is true, complete and correct. I understand that false or misleading statements or the omission of important information made on this application or any time during the process may disqualify me from volunteer work with the City of Bisbee. I understand that the Mayor and Members of the Council must approve any waiver request.

Signature: _____ **Date:** _____

When complete, please return to:
City Clerk Office P.O. Box 4601, Bisbee, AZ 85603

E-mail:
acoronado@bisbeeaz.gov
nwilliams@bisbeeaz.gov