

## YOUTH COUNCIL APPLICATION

NAME:		Age:	Grade:	
ADDRESS:				
CITY:		Z	p:	
PHONE:	En	nail:		
SCHOOL:	Gradua	ation Year:	Weighted GPA:	
The Youth Council meets Chambers. Additional mee			y of each month in the City Co	unci
preferred that applications	be submitted via ema	ail to tgarcia@lcf	p.m., Friday, March 15, 2024. ca.gov. If you have any quescia at tgarcia@lcf.ca.gov or at the second secon	tions
-		. • .	and must be complete senter be attached to the application	
1. List all extra-curricular a	activities/organizations	in which you are	/have been involved:	
<ol><li>Please describe your tir absences from town that</li></ol>		•	nool, evenings, weekends, exteruncil meetings:	nded

	In your opinion, what are the greatest challenges/issues facing the youth of La Cañada Flintri As a Youth Council member, how would you propose to deal with these challenges/issues?
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	Explain why you are interested in serving on the Youth Council.
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you believe will be helpful to the City Council in makin
Date
Date
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Completed applications must be submitted to the Office of the City Clerk before 5:00 p.m. on March 15, 2024, either in person, mail, fax, or email. It is preferred that applications be submitted via email to <a href="mailto:tgarcia@lcf.ca.gov">tgarcia@lcf.ca.gov</a>.

Mailing Address: City of La Cañada Flintridge

City Clerk's Office One Civic Center Drive

La Cañada Flintridge, CA 91011

Phone: (818) 790-8880 Fax: (818) 790-7536 tgarcia@lcf.ca.gov