Cabarrus County Youth Commission Application

Full Name: _____ ☐ M ☐ F

Street Address: _____

City: _____ State: North Carolina Zip: _____

Telephone (home): _____ (cell): _____

Email: _____ Date of Birth: _____

Name(s) of Parents or Guardians: _____

High School: _____ Grade: _____

Cumulative High School GPA: _____ Year of Expected Graduation: _____

School groups / clubs / activities in which you participate:

List other activities you have been involved in through church, clubs, community, etc.

What interests you about being a member of the youth council?

What do you hope to accomplish through being a member of the youth council?
What do you hope to learn?

Are you available for evening meetings? _____

References:

Name: _____ Phone: _____

Relationship to you: _____

Name: _____ Phone: _____

Relationship to you: _____

Applicant Signature: _____ Date: 1/7/16

Parent / Guardian Signature: _____

Please return this application in person or via mail to:

Megan Smit
Clerk to the Board
Cabarrus County
P.O. Box 707
Concord, NC 28026-0707
Fax: (704) 920-2820
mismit@cabarruscounty.us