



Covington Youth Council Application

Name:

Home Address:

City Zip Code

Personal E-mail: Home Phone:

Cell Phone: Length at current residence: years: months:

Do you reside within Covington city limits: Yes No Not sure

If no, do you reside within a three-mile radius of Covington city limits: Yes No Not sure

Will you be 15-18 years old at the time this term begins? Yes No

What school are you attending? Kentwood Kentlake Home School Other

Community related activities or volunteer experience:

Name of Organization Length of service

Name of Organization Length of service

Name of Organization Length of service

Name of Organization Length of service

Skills/Special Interests/Experience related to a youth council position:

Why are you seeking this appointment?

Would any conflict of interest be created as a result of your appointment? Yes No Not sure

References:

Name: Years known:

Address:

Telephone: Occupation:

Name: Years known:

Address:

Telephone: Occupation:

Name: Years known:

Address:

Telephone: Occupation:

ESSAY: PLEASE ALSO ATTACH A SHORT ESSAY (AT LEAST 250 WORDS) STATING WHAT YOU WANT TO SEE IMPROVE IN COVINGTON AND HOW YOU HAVE TRIED TO MAKE THINGS BETTER FOR YOU AND YOUR FRIENDS.

I certify that all statements are true and correct to the best of my knowledge and may be made available for public inspection.

Signature: _____ Date: _____

Forms may be submitted by mail, in person, or by email to:
Covington City Hall 16720 SE 271st St #100, Covington, WA 98042
Deputy City Clerk Joan Michaud at jmichaud@covingtonwa.gov

How did you hear about this opening?
 newspaper school city website facebook
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