



CAMDENCOUNTY

new energy. new vision.

YOUTH COUNCIL Application

Full Name: _____

Gender: _____

Date of Birth: _____

Full Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Name(s) of Parents _____

or Guardian: _____

Name of School: _____

Grade: _____

High School GPA (if applicable): _____

-
- Please Check all boxes that apply:
- I have my own transportation to get to monthly meetings
 - I DO NOT have my own transportation to get to monthly meetings
 - I am available for evening and/or weekend meetings or activities
 - I am available for traveling to out of town conferences and events

Emergency Contact Information:

Name: _____

Telephone: _____

Name: _____

Telephone: _____



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Additional Information:

Please list any activities you will be involved in during the school year (jobs, athletics, community, church, etc.):

What personal skills and characteristics do you possess that would make you a good Youth Council Member?

In your opinion, what is the most critical issue facing youth in your school, neighborhood, or county?

Signatures:

Applicant Signature: _____
Date: _____

Parent or Guardian Signature: _____
Date: _____

Please return this application via email, fax, mail, or in person to:

Angela Wooten
Clerk to the Board/Assistant to the Manager
Camden County
330 East Hwy 158
Camden, NC. 27921
FAX: (252)331-7831
EMAIL: awooten@camdencountync.gov