

APPLICATION FOR THE YOUTH ADVISORY COUNCIL

Please PRINT or TYPE all of the requested information.
Attach additional sheets if necessary.



Today's date: _____

Applicant's Name: _____

Home Address: _____

Home phone: _____ Other phone: _____ E-mail: _____

Are you a resident of the City of Clayton? _____ Are you at least 16 years of age? _____

If over 18, are you a registered voter? _____ What grade are you in? _____

What school do you attend? _____

List all clubs and activities you are involved in: _____

What days/times are you available to meet? _____

Briefly state what you would personally like to achieve by serving on the MYAC:

Visit the Clayton website (www.ci.clayton.mo.us). Under **City Hall**, review the **Committees/ Commissions**. Please list two or three that interest you to help us plan the 2011-2012 program.

Do you have any relatives who are City employees, members of the City Board of Aldermen, or serve on any board, commission, or committee for the City of Clayton? (If yes, please list.)

Signature: _____ Date: _____

**APPLICATION MUST BE RECEIVED BY
MAY 31**



SUBMIT APPLICATION TO:
**JUNE WATERS, CITY CLERK
THE CITY OF CLAYTON
10 N. BEMISTON AVENUE
CLAYTON, MO 63105
or FAX to : 314-863-0295**