## **Youth Council Application**



It is the citizen's responsibility to keep the information on this form current. Please call or email the City Clerk's Office to advise of any changes. Applications will remain in our active files for two years.

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|--|--|---|---|--|
| DATE/  |  | NAME  |   |  |
| PHONE  |  | EMAIL   |   |  |
| OCCUPATION   |  | SCHOOL  | GRADE   |  |
| HOME ADDRESS   |  | CITY / STATE / ZIP  |   |  |
| MAILING ADDRESS  |  | CITY / STATE / ZIP  |   |  |
| demographic makeup and t   | to ensure that all City Boards & Co<br>that all citizens are represented. To | assist in this endeavor, plea                               | ·   |  |
| AMERICAN INDIAN OR ALASKAN NATIVE  AFRICAN AMERICAN  CAUCASIAN       | ASIAN OR PACIFIC ISLANDER HISPANIC OTHER                                     | GENDER  MALE  FEMALE  PREFER NOT TO SHARE                   | O PHYSICALLY DISABLED (for reporting purposes only) |  |
| All participants are expecte Applications due <b>May 30, 2</b>       |  |   |   |  |
| STAFF USE ONLY   |  |   |   |  |
| INSIDE CITY LIMITS (Y N) QUADRANT (NW) (NE) (SW) (SE)                |  | INSIDE LE SERVICE TER                                       | INSIDE LE SERVICE TERRITORY (Y) (N)                 |  |
| CONFIRMED RECEIPT  |  | ENTERED   |   |  |

Please Return to:

City Clerk's Office, City of Lakeland

228 S. Massachusetts Ave., Lakeland, FL 33801

## PLEASE TELL US ABOUT YOURSELF (ie., education, profession, personal and/or professional accomplishments, honors/awards, professional designations, hobbies, etc.) or attach a current resume. **REFERENCES** PHONE \_\_\_\_\_ \_\_\_ NAME \_

Please feel free to provide additional information or letters of endorsement.

If you have not received confirmation your application was received by the City Clerk's Office, please call 863.834.6210.

Thank You for your interest in serving our City Government!

EMAIL \_\_\_

EMAIL \_\_\_\_\_

PHONE \_\_\_\_\_ \_\_\_

POSITION/TITLE \_\_\_\_\_

NAME \_\_\_\_\_

POSITION/TITLE \_\_\_\_\_