Youth Council Application



It is the citizen's responsibility to keep the information on this form current. Please call

CONFIRMED RECEIPT _____

or email the City Clerk's Office to advise of any changes. Applications will remain in our active files for two years. DATE/		228 S. Massachusetts Ave., Lakeland, FL 33801 CityClerk@LakelandGov.net Phone: 863.834.6210 Fax: 834.8204 NAME EMAIL					
				SCHOOL	GRADE		
				CITY / STATE / ZIP			
				MAILING ADDRESS		CITY / STATE / ZIP	
				AMERICAN INDIAN OR ALASKAN NATIVE AFRICAN AMERICAN CAUCASIAN	ASIAN OR PACIFIC ISLANDER HISPANIC OTHER		O PHYSICALLY DISABLED (for reporting purposes only)
		The Youth Council will me	et the 2 nd Thursday of each moded to attend every meeting.		nd City Hall.		
		ARE YOU ABLE TO ATTEND	THE MANDATORY RETREAT AND	COMMISSION MEETING?) N		
STAFF USE ONLY		All p	articipants are expected to attend ev				
INSIDE CITY LIMITS (V) (N	CITY LIMITS (V) (N) QUADRANT (NW) (NE) (SW) (SE) INSIDE LE SERVICE TERRITORY (V) (N)						

ENTERED _____

Please Return to:

City Clerk's Office, City of Lakeland

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

NAME	PHONE
POSITION/TITLE	EMAIL
NAME	PHONE
POSITION/TITLE	FMΔII

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!

Revised: 4/2024