



YouthCity Government Application 2009-2010

Name:

First	Middle	Last
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School:

_____ Year: _____ Age: _____

Gender: ____F ____M Date of Birth (MM/DD/YY): _____

Ethnic/racial group (optional)

Home Address:

City, State	Zip Code
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Home Telephone: (____) _____ Mobile: (____) _____

E-mail Address:

Parent/Guardian's Name(s):

Home Phone: (____) _____ Work Phone (____) _____

Emergency Contact: _____ Phone: (____) _____

Please complete the following questions:

1. Why are you interested in the YouthCity Government (YCG) Program?

2. What are your top three reasons for participating in YCG?

3. What community issues would you like YCG to address?

4. If you could change one thing about local government, what would that be?

5. If you could meet one elected official, who would it be?

6. Have you ever participated in political organizing? If yes, what was your role?

7. What other extracurricular activities are you currently involved in?

8. How much time are you able to commit to YCG?

9. How did you hear about YCG?

Please return this application by fax or mail to:

Damian Choi
YouthCity Government and
Employment Coordinator
210 East 600 South
Salt Lake City, Utah 84114

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Fax: (801) 535-6098
E-mail: damian.choi@slcgov.com