



Clarksville Youth Council Application

Thank you for your interest in joining the Town of Clarksville Youth Council.
Please complete the application forms and return to your school's Principal.

Name: _____

Birthdate: _____ Age: _____ Gender: Male Female Prefer Not To Say

Home Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

High School Name: _____

I will be a (circle one) Junior / Senior when we begin the next school year.

How did you hear about the Youth Council? (school, church, friends, other)?

Why do you want to join the Youth Council?

List your current extra-curricular activities (volunteer services, clubs, church, work and other activities).

If selected for the Youth Council, I will be committed to attending monthly meetings, having a positive attitude, respecting others, and demonstrating cooperation.

(Applicant Signature)

(Applicant Printed Name)

(Date)



Parental Consent/Photo Release Form

Parental Permission (for youth under 18 years old) Please type or print clearly.

I, _____ (parent) give consent for my child, _____, to participate as a member of the Town of Clarksville Youth Council. I understand that transportation to and from Youth Council meetings and activities is not provided.

I also grant the Town of Clarksville or its assignees, permission to take photographs of my child and give them permission to put finished photographs in print media, posters, billboards, or to any legitimate uses they deem proper. Further, I relinquish and give the Town of Clarksville all right, title and interest I may have in finished pictures, negatives, reproductions and copies of the original prints and negatives, digital images, slides, etc.

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____

Date: _____

Parent Phone: _____

Parent Email: _____