

Please return your application to: City Recorder,
22560 SW Pine Street, Sherwood, OR 97140, or fax to 503-625-4254 or
e-mail to cityrecorder@sherwoodoregon.gov



APPLICATION FOR CITY COUNCIL APPOINTMENT TO YOUTH ADVISORY GROUP

The Youth Advisory Group will include 16 youth members selected by the Sherwood School District and four at-large members selected by the Sherwood City Council for those students not currently enrolled as a student in the Sherwood School District.

Thank you for your interest and willingness to serve as an at-large member of the Youth Advisory Group. The following are questions that will help when making appointments.

1. Name _____ Date _____
2. Address _____
3. Phone # (S) _____
(Please identify as home, mobile, etc.)
4. E-mail address _____
5. Are you currently enrolled as a student in the Sherwood School District?
Yes No Other

6. What grade are you in? _____

7. What do you hope to learn by serving in the Youth Advisory Group?

8. What is your interest in local government? What do you hope to contribute by serving in the Youth Advisory Group?

9. What are some key issues you see for youth in the Sherwood community?
