

MULESHOE YOUTH ADVISORY COUNCIL
APPLICATION

Applications will be forwarded to: Irene Mason, Mayor Pro-Tem

Please make sure to complete all areas of the application.

Date: _____

Name: _____

Address: (Must be enrolled in MISD)

Parent/Guardian Name: _____

Best phone number to reach you: _____

E-mail address: _____

Current grade: _____

Would you be able to attend monthly meetings? _____
(2nd Monday of each month at 4:00 and 5:30)

Overall, how much time a month would you be able to commit to
the Youth Advisory Council (including meetings)?

____ 1-2 hours ____ 2-4 hours ____ 4-6 hours ____ 7 or more

ABOUT YOURSELF

Please let us know how you are involved in school (sports, academic teams, etc) and also include any leadership roles you have or have had.

Please let us know your involvement outside of school (faith community, job, volunteering, music, etc.).
