



Youth Ambassador Application

Deadline: September 26, 2014

Name _____ Age _____

Address _____

Cell Phone _____ Can you receive Texts? (Y/N)

Parent/Guardian Name _____ Home Phone _____

High School/College Attending _____

How Many Years on Taylorsville Youth Council _____

E-mail Address _____

Employer (if applicable) _____

We acknowledge that the applicant has received, read, and understands the attached requirements for selection of Taylorsville Youth Ambassadors. We understand that there will be an oral interview by a selection panel.

Applicant Signature/Date

Parent/Guardian Signature/Date

Date received: _____