



SMITHFIELD YOUTH COUNCIL
APPLICATION FORM

Please carefully print or type all information.

NAME: _____ DATE OF BIRTH: _____

STREET ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

E-MAIL: _____

Answer the remaining questions as they apply to you:

NAME OF PARENT/GUARDIAN: _____

RELATIONSHIP: _____

STREET ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

E-MAIL: _____

NAME OF SCHOOL: _____ GRADE: _____

Please list any other activities you will be involved in during the school year. Include employment, sports, community, and school groups.

What personal characteristics do you possess that would make you a good youth representative?

If you could change one thing about your community, what would it be and why?

Are you dedicated to attending meetings, events, and activities of the Smithfield Youth Council from September – May of the school year and committed to making a positive difference in our Town?

Yes No

Student Signature: _____ Date: _____

All applications must be submitted to the **Smithfield Town Manager's Office**.

Mailing Address: Town Manager's Office, Town of Smithfield, 64 Farnum Pike, Smithfield, RI 02917

Email: dcorrao@smithfieldri.com