

It's not what you know, it's what you do.
- Clav Roberts Search Institute

City of Tigard Youth Advisory Council Application

Name: _____ Home Phone: _____

Address: _____ E-mail Address: _____

City/State/Zip _____

Date of Birth: _____ Male Female (circle one)

School you attend now: _____ What grade are you in? _____

Please list three (3) recommendations or personal references:

1) _____

2) _____

3) _____

Please answer the following questions: _____

1. Describe the skills you have that will make you a valuable member of the Tigard Youth Advisory Council:

2. What is the most important issue the youth of Tigard face today? What should be done to resolve this issue? What part will you play in solving this issue?

3. Where do you see yourself in 5 years? What is the number one thing you want to accomplish in the next year?

4. Please give a brief personal statement about yourself. What do you think is your greatest asset?

Please mail your completed application to: City of Tigard, Youth Advisory Council, 13125 SW Hall Blvd, Tigard, OR 97223