

# County Council Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Do you read your email regularly? Yes or No

T-shirt Size \_\_\_\_\_

High School Grade:      10      11      12

Where do you attend high school?

What does it mean to you to be a member of the Jackson County Council?

Name one thing you would like to do this year in County Council as a service project.

Tell me something you would like to do at a County Council meeting this year.

Would you like to serve on Youth Committee? Yes or No

Would you like to serve on the 4-H Endowment Committee? Yes or No

