

JUAB TEEN COUNCIL APPLICATION

Name _____ Birthdate _____

Grade in School _____ Age _____ Phone _____

Email _____ Address _____

What will you bring to our teen council? (enthusiasm, creativity, dependability, talents, etc)

What would you like to see teen council accomplish? (activities, projects, etc)

How did you hear about our teen council?

Fill out this form and a 4-H registration form and return them to the office