



FIRST NIGHT WORCESTER YOUTH COUNCIL APPLICATION

Please type or write clearly and submit this application by July 15, 2008 to: First Night Worcester • Post Office Box 351 • Worcester, MA 01614

Name: _____ (First) (Middle Initial) (Last)

Address: _____

City _____ State _____ Zip _____

Home Tel _____ Cell _____ Email _____

Age _____ Grade _____ School/Town _____

Do you currently have a job? [] No [] Yes Where?

What is your typical weekly schedule (days/hours)?

(Optional) Do you consider yourself a part of a particular ethnic or cultural group? [] No [] Yes

If yes, please identify _____

Names of Parent(s) or Guardian(s) _____

Briefly answer the following questions. If you need more room you can attach additional pages.

- 1. Tell us about any volunteer or community service work you've done in the last two or three years.
2. Please list some of your interests. . .sports, music, etc.
3. Tell us something special about yourself and why you will be a good addition to the Youth Council.
4. You are expected to attend all Youth Council meetings (scheduled once a month, for 2 hours, in the early evening at 6:00 pm), attend a full day orientation in August, and participate in the FNW event on December 31, 2007. Are you able to commit to these expectations?

Yes [] No [] (If no, please list your conflicts or scheduling concerns)

References: You will need to submit two references from people (at least one must be an adult) other than your parents who have known you for at least a year. Send us the reference forms attached to the application.