



## Town of Somerset Youth Town Council Application

Applicant First Name:		Applicant Last Name:	
Applicant Preferred Name (if different from first name):		Somerset Address:	
Applicant Email Address		Applicant Phone Number	
School		Grade	Date of Birth

Parent / Guardian First Name		Parent / Guardian Last Name	
Parent / Guardian Email Address		Parent / Guardian Phone Number	
Parent / Guardian Relationship to Applicant			

In the space provided below (or on a separate page), answer the following questions in 250 words or less:

- 1) Why are you interested in joining the Somerset Youth Town Council?
- 2) Why do you believe you would be a good representative for Somerset youth?
- 3) What do you believe are the most important issues facing the Town of Somerset?

By signing below, the applicant agrees to make any reasonable efforts to attend all scheduled Youth Town Council meetings, fulfill any responsibilities of office, and set an example for the youth of the community. They also consent to their contact information (as listed above) to be shared among other Youth Council Members and other relevant persons.

\_\_\_\_\_  
Applicant Signature

Checking this box constitutes your online signature.

\_\_\_\_\_  
Parent /Guardian Signature

Checking this box constitutes your online signature.

Those wishing to participate in the Youth Town Council will need to submit this completed form to Town Hall. A digital form can be emailed to the email address below. A printed form (with the written section printed separately) can be dropped off at the address below. In addition, one letter of reference completed by a non-family member should be submitted on the applicant's behalf.

4510 Cumberland Avenue, Chevy Chase, Maryland  
20815

Office Hours: Monday-Friday 9:00-4:30

[deputy@townofsomerset.com](mailto:deputy@townofsomerset.com)