



# CHARLESTON YOUTH COUNCIL APPLICATION

Office of Mayor Amy Shuler Goodwin  
501 Virginia Street, East, Charleston, WV 25301

Applications for the inaugural **Charleston Youth Council** are due by close of business **FRIDAY, SEPTEMBER 20, 2019**. **Applications must include parent/guardian signature.**

For questions regarding the application or the Charleston Youth Council, please call 304-348-8000 ext. 116 or email [mayorsoffice@cityofcharleston.org](mailto:mayorsoffice@cityofcharleston.org).

## CONTACT INFORMATION

*\*Please type or print legibly*

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

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

City, State, Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

OK to receive texts:            YES            NO

Home Phone: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

Name of School: \_\_\_\_\_

Grade (2019/2020 School Year): \_\_\_\_\_



**REFERENCES**

*\*please provide at least 2 references and 1 letter of reference*

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

Affiliation/Relationship: \_\_\_\_\_

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

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

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

Affiliation/Relationship: \_\_\_\_\_

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

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

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

Affiliation/Relationship: \_\_\_\_\_

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

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

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

Affiliation/Relationship: \_\_\_\_\_

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

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

**SIGNATURES**

*\*Please sign and date below. A parent/guardian signature is required.*

**Applicant Signature:**

**Date:**

**Parent/Guardian Signature:**

**Date:**

**Phone:**

**Email:**

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Mail completed application and letter(s) of reference to:

Mayor Goodwin's Office  
Attn: Tina Stinson  
501 Virginia Street, East  
City Hall, 2<sup>nd</sup> Floor  
Charleston, WV 25301

All applications, including 1 letter of reference, must be postmarked by Friday, September 20, 2019.

If necessary, please use the space below for the short answer questions: