

# The City of Delano Youth Liaison Application

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## Student Information

Applicant's name: \_\_\_\_\_

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

City: \_\_\_\_\_ MN. Zip Code: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_

Phone number: \_\_\_\_\_ E-mail: \_\_\_\_\_



## Parent/Guardian Information

Parent/Guardian name: \_\_\_\_\_

Parent/Guardian phone number: \_\_\_\_\_

## Short Answers

What activities are you currently involved in?

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What skills and qualities do you have that would make you a great Youth Liaison?

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Why do you think youth involvement is important in the community?

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In your opinion, what are some core issues facing youth in your school, in your neighborhood, and in your city? What can the Youth Liaisons do to solve such problems?

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**Application Due: April 15, 2019**

Please submit application to [amoreno@delano.mn.us](mailto:amoreno@delano.mn.us)