



Please return completed application to:
Jennifer Stubbs, Assistant City Secretary
100 East Main Street, Suite 300
P.O. Box 589 (78691)
Pflugerville, TX 78660
via fax 990-4364
jennifers@pflugervilletx.gov

APPLICATION FOR YOUTH ADVISORY COUNCIL

The Youth Advisory Council (YAC) are youth representatives serving Pflugerville by integrating ideas and interests through community participation. We encourage all to apply recognizing the commitment required of each person to be an effective member of the YAC. Members are required to be residents of the city limits of Pflugerville, current high school students and must be at least 17 years old by the October 1 start date of the program year.

Name: _____ Telephone: _____

Residential Address: _____

E-mail Address: _____ T-shirt size: _____

School Attending: _____ Grade: _____ Age: _____

Please include additional pages as needed when providing information below and a resume, if desired.

Extracurricular activities:

What community service activities have you been involved in recently?

What would you hope to accomplish by your membership in the Pflugerville Youth Advisory Council?

Please provide a statement expressing your interest in serving on the Youth Advisory Council, and describe the experience and background you have that you feel would be useful as a member.

By signing this application, I hereby affirm that I am aware of the requirements for the position(s) and certify that I meet those requirements.

Applicant Signature: _____ Date: _____