

Application for Youth Commission

NAME _____ DATE _____

In order that the Mayor and Council Members have a better understanding of your background and interests, please provide the following information:

Home Address _____

E-mail: _____ How long have you lived in Rosemount? _____

Home Phone: _____ Cell Phone: _____

Age: _____ Current Grade: _____ School : _____

What is a goal or project that you would like the Commission to accomplish if you are selected to serve on the Youth Commission?

Briefly describe your background, experience and any other information not previously given which you believe should be considered regarding the appointment you are seeking.

Please provide the names of 2 references (i.e. teacher, pastor, youth leader, etc.):

Return to: Assistant City Administrator
Rosemount City Hall
2875-145th Street West
Rosemount, MN 55068

Date Received: _____
(For Office Use Only)

Applications due on Friday, March 13, 2020 by 4:30 p.m.

Contact Assistant City Administrator Emmy Foster if questions: emmy.foster@ci.rosemount.mn.us or 651-322-2002, FAX 651-423-4424.