



Application for Service on the City of Tarpon Springs Teen Council Advisory Committee

NAME: _____

ADDRESS: _____

HOME PHONE: _____ BUSINESS PHONE: _____

DATE OF BIRTH: _____ CLASS STATUS: _____

DRIVERS LICENSE NUMBER: _____

ARE YOU A CITY RESIDENT? YES: _____ NO: _____

HOW LONG HAVE YOU BEEN A CITY RESIDENT? _____

LIST PERSONAL REFERENCES:

TELEPHONE NUMBERS:

1 _____

2 _____

ARE YOU AVAILABLE TO ATTEND MONTHLY MEETINGS ON A REGULAR BASIS OR ON AN EMERGENCY BASIS AS NEEDED?

YES: _____ NO: _____

WHY WOULD YOU LIKE TO SERVE ON THIS COMMITTEE AND WHAT DO YOU FEEL YOU WOULD CONTRIBUTE TO IT:

(Continued)

DETAIL YOUR EXPERIENCE WORKING WITHIN A COMMITTEE STRUCTURE: _____

SIGNATURE: _____ **DATE:** _____

(Please return completed application along with a letter of recommendation from a teacher, principal or counselor to the City Clerk's Office)

Mailing Address:

City of Tarpon Springs
Attn: City Clerk's Office or
P.O. Box 5004
Tarpon Springs, FL 34688-5004

Physical Address:

410 N. Ring Avenue or

E-Mail Address:

Cityclerk1@ci.tarpon-springs.fl.us