



MILWAUKEE COUNTY

Youth Task force



APPLICATION FORM

First Name: _____ Last Name: _____

Date of Birth: _____ Age: _____

Home Address: _____

City/State/Zip: _____

Phone Number: _____ Email Address: _____

School: _____ Grade Level: _____

Favorite subject(s) in school: _____

Activities/Interests: _____

Name of Parent/Guardian: _____ Parent/Guardian Signature: _____

Please answer the following questions using 3-4 complete sentences.

1. Describe where you see yourself in ten years.

2. What would you like to see change in Milwaukee County by 2020?

3. Why do you want to be on the Youth Task Force, and what do you expect to get out of this experience?

Please check the boxes, which best represent the dates and times you would be able to attend meetings of the Youth Task Force. It is anticipated that the Task Force will meet monthly from January-August, 2012.

Day & Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
9:00-11:00 a.m.						<input type="checkbox"/>
10:00 a.m.-Noon						<input type="checkbox"/>
Noon-2:00 p.m.						<input type="checkbox"/>
3:30-5:30 p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4:00-6:00 p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5:30-7:30 p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**If none of the times listed above work for you, please list other days/times that would in the space below.*