Tapply Thompson Teen Council

APPLICATION

Return the completed application to Gina at TTCC by September 14th, or you can turn into office at school

Name: _____ Age:_____ Grade:_____

Email address :(can't not be a school one) _____

Phone: _____Interested in officers positions: President Vice President Secretary Treasure

Why do you want to become a member of the TTCC Teen Council?

_____

_____

_____

What are some programs, activities, or issues you would like to see TTCC Teen Council address?

_____

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_____

What strengths could you bring to the TTCC Teen Council?

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_____

Do you participate in any extracurricular activities? Sports, Band, Etc.

_____

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I understand the requirements and expectations of the TTCC Teen Council member. I understand I must interact with TTCC Teen Council members, TTCC staff, and the general public in a respectful manner. If I fail to do so, I will be asked to leave the TTCC Teen Council board.

Applicant Signature: _____ Date:_____

Parent Signature: _____ Date: _____