YOUTH TASK FORCE APPLICATION

Description of the Youth Task Force: Gives South Bend Youth an opportunity to learn and participate in city government; and the ability to make a positive impact in their community.

Date of Application: _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Age: _____

Preferred Phone Number: _____ E-mail: _____

Parents Information

Name(s): _____ Phone Number(s): _____

Address: _____ E-mail: _____

Emergency Contact

Name: _____ Phone: _____ Relationship: _____

Education

Name of School: _____ Grade Level: _____ GPA: _____

Have you ever been suspended? If so, please explain.

Availability

Please select the time slots you are available

☐ Saturdays 10am - 12pm ☐ Saturdays 12pm - 2pm ☐ Saturdays 2pm - 4pm

Volunteer Experience

Have you had previous volunteer experience? ◯ Yes ◯ No

If yes, where and what was your task?

Extracurricular Activities

Attach additional activities on a separate sheet of paper

1. _____ 5. _____
2. _____ 6. _____
3. _____ 7. _____
4. _____ 8. _____

References

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Questionnaire

Respond to the following questions on a separate sheet and number the answers accordingly.

1.) Why are you interested?
2.) What can you add to the group?
3.) How do you think this kind of opportunity would benefit the youth in our community?
4.) What else would you like us to know about you?

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

E-mail completed form to: YouthTaskForce@southbendin.gov

Or mail to:
Youth Task Force
Office of the Mayor
227 West Jefferson Blvd., Suite 1400 N
South Bend, Indiana 46601