



COMMITTEE ON YOUTH MEMBERSHIP APPLICATION

Name: _____

Address: _____

Telephone: _____

Email Address: _____

Occupation: _____

What leads you to want to serve on the committee?

What contributions do you feel you can make?

Life experiences which you feel are relevant to this committee:

Organizations/Volunteer Organizations in which you are a member:

Please return completed application to Mary Hess by December 15, 2023. Email to Supervisor@dekalbtownship.org or return to the Township office.