

**APPLICATION FOR MAYOR'S YOUTH ADVISORY COUNCIL**

Please PRINT or TYPE all of the requested information.  
Attach additional sheets if necessary.



Today's date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Home Address:  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Other phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Are you a resident of the City of Clayton? \_\_\_\_\_ Are you at least 16 years of age? \_\_\_\_\_

Grade in fall: \_\_\_\_\_ What school do you attend?  
\_\_\_\_\_

List all clubs and activities you are involved in: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What days/times are you available to meet? \_\_\_\_\_

Do you have any relatives who are City employees, members of the City Board of Aldermen, or serve on any board, commission, or committee for the City of Clayton? (If yes, please list.)  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**SUBMIT THE COMPLETED APPLICATION TO:**

**JUNE WATERS, CITY CLERK  
THE CITY OF CLAYTON  
10 N. BEMISTON AVENUE  
CLAYTON, MO 63105  
or FAX to : 314-863-0295**

**APPLICATION FOR MYAC PAGE 2**



Briefly state what you would personally like to achieve by serving on the MYAC:

---

---

---

Visit the Clayton website ([www.ci.clayton.mo.us](http://www.ci.clayton.mo.us)). Under **City Hall**, review the **Committees/ Commissions**. Which committee or commission interests you most, and why?

---

---

---

---

---

What is one idea you have about how youth can contribute to making Clayton a better place. Be as specific as possible.

---

---

---

---

---

---

---

---

---

---