



## Maui County Youth Council Application

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Last Name

First Name

### Applicant Information:

Gender/Pronouns: \_\_\_\_\_

Residency Area: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

School: \_\_\_\_\_

Grade : \_\_\_\_\_

### Questions for Applicant (you may answer on a separate sheet):

Why are you interested in joining the Maui County Youth Council?

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What is something you want to see changed in your community in the next five years?

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What are your personal strengths? How do you approach challenges in settings requiring group decision-making or collaboration?

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What are your interests/hobbies? Are you involved in any sports or extracurricular activities?

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What do you hope to gain from your involvement in the Youth Council?

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You may optionally attach up to three statements of support from peers or adults.

*Completed applications will be a part of the public record and available for public review.*

**Submit completed applications to [youthcouncil@mauicounty.us](mailto:youthcouncil@mauicounty.us) or mail to % Councilmember Kelly Takaya King, Kalana O Maui Building, 200 South High Street, 7th Floor, Wailuku, HI 96793.**

***Applications must be received by 4pm on May 1st.***

*By signing below, you affirm the above information is correct and that the applicant can commit to twice monthly meetings for a total of five hours per month for a term ending in September 2022*

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Applicant Signature

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Date

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Parent/Guardian Signature

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Date

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Parent/Guardian Name

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Phone

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Email

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Parent/Guardian Signature

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Date

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Parent/Guardian Name

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Phone

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Email