City of Stockbridge
4640 North Henry Blvd.
Stockbridge, GA 30281

APPLICATION FOR YOUTH ADVISORY BOARD

Citizens provide a great insight and knowledge to City government. The Stockbridge Youth Advisory Board is an avenue to strengthen relationships between the youth and their community by creating programs and encouraging opportunities for youth to give back to the community.

REQUIREMENTS FOR PARTICIPATION:

- Must be a resident of City Limits of Stockbridge.
- Must be at least 18 years of age
- Must pass a background check

APPLICANT INFORMATION

Applicant Name:_____

Occupation: _____

Home Address: _____ City: _____ Zip: _____

Home Phone: (_____) _____ Home E-Mail:_____

Work Phone: (_____) _____ Work E-Mail: _____

Cell Phone: (_____) _____ Preferred E-Mail: ☐ Home ☐ Work

YOUTH ADVISORY BOARD APPLICATION

a.) Why are you interested in participating?

_____
_____
_____

b.) What pertinent skills/experiences and contributions can you bring to this program?

_____
_____
_____
_____
_____

_____	_____	_____
Signature	Printed Name	Date

Please return signed application to:

City Clerk
City of Stockbridge
4640 North Henry Blvd.
Stockbridge, Georgia 30281

Fax: 770.389.7912
Email: vholiday@cityofstockbridge-ga.gov