



**City of Phoenix**

COUNCILMAN MICHAEL NOWAKOWSKI

**YOUTH APPLICATION  
Phoenix District 7 Youth Council**

Yes, I am interested in membership on the Phoenix District 7 Youth Council. I understand the Youth Council meetings are on Saturdays once a month. I must be able to attend at least 80% of the meetings and be between the ages 16-18.  
Nominated by (optional): \_\_\_\_\_

*Due to the residency requirements for some boards/commissions,  
we require that you provide us with your home address*

**Personal Information**

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City, State, Zip Code  
\_\_\_\_\_  
Telephone Number  
\_\_\_\_\_  
E-mail address  
\_\_\_\_\_  
Council District you reside in: \_\_\_\_\_

**School Information**

\_\_\_\_\_  
School  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City, State, Zip Code  
\_\_\_\_\_  
Expected Graduation Year

Why are you interested in becoming a member of the youth council?  
\_\_\_\_\_  
\_\_\_\_\_

How did you find out about the youth council?  
\_\_\_\_\_  
\_\_\_\_\_

**Optional Information**

The City Council is committed to ensuring that membership of youth council reflect the diversity of the Phoenix population. In order to ensure that we are successful in this effort, providing this option information will be helpful.

Sex: \_\_\_\_\_ Ethnicity: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

**Return this application and resume if you have one, to:**  
Councilman Michael Nowakowski, Dist. 7  
City of Phoenix  
200 W. Washington 11<sup>th</sup> Floor  
Phoenix, Arizona 85003  
Or e-mail to: council.district.7@phoenix.gov