



**Application for Appointment to the  
Superior Youth Leadership Council – 2016/2017**

Town Hall ▪ 124 E. Coal Creek Drive ▪ Superior, CO 80027  
303-499-3675 ▪ (fax) 303-499-3677 ▪ www.superiorcolorado.gov

The Superior Youth Leadership Council is committed to engaging and providing a voice for the youth within our community by encouraging civic involvement through volunteer opportunities and participation in community events. The Council will also offer recommendations to the Superior Board of Trustees regarding town projects and youth related matters.

Meetings will occur at Town Hall on the first Wednesday of every month from 6:30-8:00pm.

Applications for the 2016-2017 term will be taken until all positions are filled.

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_ **Name of School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Days and Times NOT Available:** \_\_\_\_\_

**Emergency Contact Information**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Why do you want to be a part of the Superior Youth Leadership Council?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What issues do you feel are important to youth in the Town of Superior?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What goals would you like to see for the Youth Leadership Council for the upcoming year?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Volunteer and Activity Experience:**

Please list any other organizations, clubs, teams or volunteer activities you are involved in, how many years you have been participating, and what your role is:

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**References:**

Please provide the names and phone numbers of two local people who know you well (not immediate family) that we may contact as references:

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**Please have your parent or guardian read and sign the following along with you:**

I understand that if I become a Youth Leadership Council member for the Town of Superior, I would be responsible for participating in monthly meetings and service activities. I accept the responsibility for being an active voice for the youth of Superior. Terms for all members shall be two years beginning September 1 and ending August 21 two years later, seniors in high school may serve a one-year term, ending on August 31 following their senior year.

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Student Signature

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Date

I understand that my child is applying for a position on the Superior Youth Leadership Council. I understand that this is a two-year commitment to attend meetings and activities as scheduled.

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Parent/Guardian Signature

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Date

**Liability Release – Read Carefully**

I agree to indemnify and hold harmless the Town of Superior, its officers, employees, agents, consultants, subcontractors, insurers and representatives (collectively the “town”), for any loss, damage or injury to myself or my property in any way related to my participation in town programs. This release of liability applies to me as well as any of my children, personal representatives, assigns, heirs and next of kin. I authorize the town in a medical emergency to seek emergency medical assistance at my expense. I give permission to the town to use any photographs, videotape or other media record of my participation in town programs for any lawful purpose, without compensation.

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Student Signature

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Date

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Parent/Guardian Signature

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Date