



Colorado Workforce Development Council
State Youth Council
Membership Application

Name: _____

Home Address: _____

Work Address: _____

Home Phone: _____

Work Phone: _____

E-Mail Address: _____

Fax Number: _____

Occupation: _____

Title: _____

Business Name: _____

State Youth Council slot you would like to fill: _____

State why you are qualified and what you think you can contribute to the State Youth Council.

List youth related memberships and activities:

If you have a resume or personal history, please attach to this application.