Logo, company name

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Description automatically generated**Douglas County Youth in Governance Application**

**Steps to apply:**

1. Complete this application and answer the questions below, and submit to submit to Katie Stenroos, Douglas County 4-H Educator by email at [katelin.stenroos@wisc.edu](mailto:katelin.stenroos@wisc.edu) or by turning at by turning at the Douglas County UW Madison Extension Office at Douglas County Courthouse, Room 107, Belknap Street, Superior, WI 54880.
2. Ask a caring adult to complete a reference form, supply them with the reference form, and they will submit it themselves.

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

**School:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Current Grade:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**City, State, Zip:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Questions to answer:**

1.Why are you interested in being a youth representative and why should you be considered for this important role?

2.How would you and the board or council benefit from your service?

3.What kind of impact can you, as a youth, make in shaping the future of Douglas County?

5.Please list the names and email/phone numbers of the individual whom you have asked to fill out the reference form for you. This reference should be from an adult in the community who is not related to you. Examples: teacher, coach, community organization leader. The reference will turn the form in separately, but you will need to provide them with the from.

Reference name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reference email and/or phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Youth and parent/guardian signatures**

I agree by submitting this application, I would like to serve as a youth representative to the Douglas County Board of Supervisors.

**Youth Applicant Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree by signing this application I support the above youth in their application and commitment to serve as a youth representative to the Douglas County Board of Supervisors.

**Parent/Guardian of applicant name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian of applicant signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Application due by December 23rd, 2022.**

Please complete this application and submit to Katie Stenroos, Douglas County 4-H Educator by email at katelin.stenroos@wisc.edu or by turning at the Douglas County UW Madison Extension Office at Douglas County Courthouse, Room 107, Belknap Street, Superior, WI 54880.

Please see the Douglas County Extension website for more information and a PDF of this application. Website: <https://douglas.extension.wisc.edu/pyd/> or scan this QR code