



**SMITHFIELD YOUTH COUNCIL**  
**APPLICATION FORM**

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Please carefully print or type all information.

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

Answer the remaining questions as they apply to you:

NAME OF PARENT/GUARDIAN: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

NAME OF SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

Please list any other activities you will be involved in during the school year. Include employment, sports, community, and school groups.

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What personal characteristics do you possess that would make you a good youth representative?

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If you could change one thing about your community, what would it be and why?

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Are you dedicated to attending meetings, events, and activities of the Smithfield Youth Council from September – May of the school year and committed to making a positive difference in our Town?

Yes  No

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

All applications must be submitted to:

Melissa Chaput  
Public Works Department  
c/o Smithfield Town Hall  
64 Farnum Pike  
Smithfield, RI 02917

Email: [mchaput@smithfieldri.com](mailto:mchaput@smithfieldri.com)