City Council
Youth Liaison Application
2026 - 2027

APPLICANT INFORMATION		
First Name:	**Last Name:**	
Street Address:	**City/State:**	**ZIP Code**
Cell Phone:	**Email address:**	
Current school:	**Grade:**	

1. Please describe why you are interested in the City Council Youth Liaison Program:

2. Please describe any previous experiences (volunteer, work, school projects, etc.) that you believe would be helpful in this role:

3. Are there any political or community topics or issues that you are interested in?

4. Would your time served as City Council Youth Liaison help prepare you for your future, or assist you in your future goals? Please explain:

5. City Council Youth Liaisons are asked to attend City Council meetings on the 2nd and 4th Monday of each month from 6:00 p.m. – 8:00 p.m., with optional work session meetings as scheduled. Do you feel that you can commit to attending these?

   ☐Yes ☐No

6. If you are selected for the Youth Liaison position, you will be required to complete the following training:
   - Open Public Meetings Act
   - Public Records Act
   - Code of Conduct
   - Anti-Harassment and Non-Discrimination

   Can you commit to completing the required training for this position (approximately 2-3 hours)?

   ☐ Yes ☐ No

7. Before submitting your application, please read the Youth Liaison Program Guide and Resolution R2022-013, which can be found here: https://www.sequimwa.gov/1116/City-Council-Youth-Liaison-Program under Reference Documents.

   Please check the boxes below to confirm you have read and understood the documents.

   ☐ Youth Liaison Program Guide ☐ Resolution R2022-013

_____ _____

Signature of Applicant *Date*

Please submit your completed application, including resumé, to the City Clerk by:

- Email: clerk@sequimwa.gov OR
- Mail: City of Sequim, Attn: City Clerk, 152 W. Cedar Street, Sequim, WA 98382

If you have questions, please call the City Clerk at (360) 681-3428.