



**APPLICATION FOR APPOINTMENT
TEEN REPRESENTATIVE
CITY OF KETCHIKAN – LIBRARY ADVISORY BOARD**

NAME: _____
First Last Middle Initial

RESIDENCE ADDRESS: _____

MAILING ADDRESS: _____

CONTACT NOS: _____
Home Work or Cell

EMAIL ADDRESS: _____

I am willing to serve as a member of the Library Advisory Board and ask that my name be considered by the Mayor and Council for appointment.

Signature

Date

Please attach a personal resume or letter stating your interest. This application and attachments (with contact information redacted) will be included in the City Council agenda packet, which is made available to the public. Please return all applications to the Clerk's Office or by email:

City Clerk Office
334 Front Street
Ketchikan, AK 99901
clerk@ktn-ak.us

Parent or caregiver: Please sign to give permission for your teen to become a full voting member of the Library Advisory Board, and to be included in Board meeting recordings that are made public via the City's website, Facebook page and YouTube channel.

Parent / Caregiver Signature

Date

For office use only:

Received by _____

Date received _____

File: