

List two adults who would be supportive of your participation on the Benton County Youth Commission.

I understand that as a member of the Benton County Youth Commission, I will be required to attend all youth commission meetings and functions and be an active youth commission participant.

Signature of Applicant

Date

I give my permission for _____ to apply for the Benton County Youth Commission and I will support him/her to attend all youth commission meetings and functions and be an active youth commission participant.

Signature of Parent or Guardian

Date