



Youth in Governance Program 2025-2026 Application

Youth Applicant Contact Information

Last Name: _____ First Name: _____ Middle Initial: _____

Street Address: _____ City: _____ ZIP: _____

Email Address: _____ Cell Phone: _____

Current Grade: _____ School: _____

Parent/Guardian Information

Parent/Guardian Name: _____

Parent/Guardian Phone Number: _(____)_____ Parent/Guardian Email: _____

1. Rank the top 5 Calumet County committees you're interested in from 1 to 5 (1= greatest interest, 5 = least interest)

- * Administrative Services Committee
- * Aging and Disability Resource Center Advisory Committee
- * Land & Water Conservation Committee
- * Public Safety Committee
- * Highway Committee
- * Planning, Zoning, & Farmland Conservation Committee
- * Human Services Board

2. Why are you interested in being a youth representative on the Calumet County committees and why should you be considered for this position?

3. How would you benefit from serving on a Calumet County Board committee?

4. How would the Calumet County Board and the community benefit from your representation on a county committee?

5. Please note any leadership positions you have held OR leadership skills that you hope to develop.

6. Please describe any scheduling conflicts you may have (Monday through Friday, religion meetings, etc.)

7. Reference: This can be someone who is a member of the community or a teacher at your school. Put their name, email address, and phone number, as well as their job title and who they are to you. This cannot be a friend, parent, or guardian.

Permission and Signatures

****If you require reasonable accommodation to participate in the program and/or meetings due to a disability, please contact the Extension Calumet County office in advance of the interviews. Please note that transportation will not be provided.**

****Please note that photographers/videographers will be taking videos and pictures of Youth in Governance representatives. Extension Calumet County will use these videos and pictures in a manner consistent with Extension's mission. Your attendance at these events indicates your consent for your image to be recorded and used in this manner.**

Applicant Signature: _____ *Date:*

I, Parent/Guardian, approve participation for the youth stated above, if selected, in all components of the Youth Governance Program, including their participation in the completion of a final program evaluation.

I grant the University of WI Board of Regents and University of Wisconsin-Madison (hereinafter University) the right to use, publish and copyright my child's image (including audio, moving image or photograph) for educational programs, websites and promotion of university programs. The university adheres to all federal and state laws associated with this use.

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____ *Date:*

PLEASE RETURN OR SEND COMPLETED APPLICATION TO THE CALUMET COUNTY COURTHOUSE AT:

Calumet County Youth in Governance

University of Wisconsin, Division of Extension-Calumet County

206 Court St, Chilton, WI 53014

An EEO/AA employer, University of Wisconsin-Madison provides equal opportunities in employment and programming, including Title VI, Title IX, and the Americans with Disabilities Act (ADA) requirements. Requests for reasonable accommodations for disabilities or limitations should be made prior to the date of the program or activity for which it is needed. To make a request, please call 920-849-1450 as early as possible prior to the program or activity so that proper arrangements can be made. Requests are kept confidential.

Please make requests for reasonable accommodations to ensure equal access to educational programs as early as possible preceding the scheduled program, service, or activity. For communicative accommodations in languages other than English, please contact oaic@extension.wisc.edu. For communicative accommodation based on a disability, please contact Heather Lipinski Stelljes at: heather.stelljes@wisc.edu for the public.