



YMCA YOUTH & GOVERNMENT GOVERNOR'S CABINET APPLICATION

Personal Information:

Name: _____

Delegation: _____ District: *(Circle one)* 1 2 3 4

Phone Number: (____) _____

Email: _____

Grade: _____

Youth and Government Experience:

Years in the program: _____

Positions held: _____

Extracurricular Activities:

Please list all other activities you have participated in outside of Youth and Government, including number of years of participation.

During Youth Legislature

Are you planning on running for a major office (Governor, Lt. Governor, Speaker of the House or Secretary of State)? Yes No

If yes, please list the office you plan on running for.

Questionnaire

Why would you like to be on the Governor's Cabinet?

What kind of expertise could you bring to the table? Do you have any expert knowledge in a specific category?

Please describe yourself in one sentence.

If you were selected for the governors cabinet what would be some of your personal and group goals?

How would your closest friends describe you?

Thank you for taking the time to fill out this application!

Please send to:
P.O. Box 193
Olympia, WA 98507
or jnewall@seattlemca.org

**Application must be postmarked by the date specified
on the program calendar.**