

Chicago Commission on Human Relations

Youth Task Force Application Form

Name: _____
First Middle Last

Address: _____
Street Apt./Suite No.

City State Zip

Phone #: _____ Date of Birth: _____
Must Be Between 15-25 years of age

School Currently Attending: _____

Location of School: _____
Address City State Zip

- Please respond briefly to the following questions; attach additional sheets of paper as needed:

1.) Why do you want to join the Youth Task Force?

2.) What do you want to accomplish?

3.) Why do you believe you are qualified to sit on the Youth Advisory Council? What experiences have you had in the past that make you qualified for this group?



**Richard M. Daley,
Mayor**

Mail or Fax all completed responses to:
Youth Task Force
c/o Chicago Commission on Human Relations
740 North Sedgwick, Suite 300
Chicago, IL 60654
Fax: (312) 744-1081
TTY: (312) 744-1088
Questions? Call (312) 744-4111



**Dana V. Starks,
Chairman and
Commissioner**