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## Personal Recommendation Form

Please give this form to any non-family member, youth or adult, who you think knows you well. Please make sure that they fill everything out clearly and legibly. **This form must be submitted by the application deadline.**

Recommender's Name: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

How do you know the applicant? \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

Please comment below on why you think this person should be a member of the Charlottesville Youth Council. Consider what unique qualities and talents this person can bring to the group.

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\_\_\_\_\_  
Recommender's Signature

\_\_\_\_\_  
Date

Please mail, deliver, fax or email to:

Kyna Thomas, Clerk of Council  
P.O. Box 911  
Charlottesville, VA 22902  
Phone: (434) 970-3113  
Fax: (434) 970-3890  
clerk@charlottesville.gov