Congressman Mike Thompson’s Student Leadership Council

Please submit completed forms to your county’s email address by September 10

Full Name: ____________________________________________________________

School: ________________________________ Grade: ________________________

Home Address:
______________________________________________________________
______________________________________________________________

Phone: __________________ Email: _____________________________

Questions*:

Why do you want to participate in Congressman Thompson’s Student Leadership Council and what do you hope to gain from your participation? You can mention any policy interests you may have here.

*Answers may be typed on a separate page and attached with the application
**Extracurricular Activities**

Please list and briefly describe any extracurricular activities you are or were involved in, including student leadership, school clubs, sports, other after school activities, employment experience, volunteer experience or internships. Please include the following information for each activity:

- List offices or positions held within the activity
- Include the grade level(s) and duration of your participation
- Hours per month for each activity

**How did you hear about the program?**

☐ Teacher  
☐ Principal  
☐ Website  
☐ Facebook  
☐ Other: __________________________________________

If you have any questions, please contact Rebecca Roberts at (707) 645-1888 or rebecca.roberts@mail.house.gov

*Answers may be typed on a separate page and attached with the application*