## Application Form: Epsom and Ewell Youth Commissioner

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| The role I am interested is: | 🞎 Youth Commissioner | 🞎 Deputy Youth Commissioner | 🞎 I am happy to be considere for both |
|  | | | |
| Name |  | | |
| Telephone number |  | | |
| Email address |  | | |
| Why would you be a good fit for the District Youth Commissioner role? (refer to role description) | | | |
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| Why is being youth shaped in Scouts important to you? | | | |
|  | | | |
| What skills or experience could you bring to the role? (refer to the person specification) | | | |
|  | | | |
| Please return this form to: | **Karl Nicholas –** [**karl.nicholas@epsomandewellscouts.org**](mailto:karl.nicholas@epsomandewellscouts.org) | | |
| The closing date for receiving nominations is: | **30 September 2024.** | | |