



U. S. Representative John B. Larson CT01

First Congressional Youth Cabinet (CYC): Member Profile

Name: _____ **Age:** _____

Address: _____

Email: _____ **School** _____

Best Phone: _____ **Grade Level:** _____

Permission to use name and photograph on CYC website:

Yes ____ **No** ____

Please summarize areas of concern you would like to focus on during your term on the CYC:

*If under 18 years of age

I _____ give my permission for my child _____ to be a member of the First Congressional Youth Cabinet (CYC). I understand that as a CYC member, my child will be attending Saturday meetings in Hartford (locations vary) every other month or more frequently when the CYC deems necessary. I understand that my child is responsible for his or her own transportation to CYC meetings and events.

Please mail your completed profile form to:

U.S. Rep. John Larson
Attn. Eva Bunnell, CYC Coordinator
221 Main Street, Hartford, CT 06106