

City of Greenville Youth Council Application Form

Name: _____ Home Telephone: _____

School: _____ Grade: _____

Home Address: _____

Please check the box that applies to you: ☐ Male ☐ Female

The information requested below is optional (you may choose more than one):

- ☐ White (non-Hispanic) ☐ Asian (including Pacific Islander)
- ☐ Black (non-Hispanic) ☐ American Indian (including Alaskan native)
- ☐ Hispanic (Mexican, Puerto Rican, Cuban, Central or South American, other Spanish origin regardless of race)

Please note that membership on the Youth Council demands strict attendance. Regular meetings are scheduled for the first and fourth Monday's of the month at 6:30 p.m. In addition to their responsibility on the Youth Council, each member may be required to attend one of the City's other board or commission meeting.

1. What personal skills and characteristics do you possess that would make you a good Council member?

2. Please list any activities you will be involved in during the school year. (Include employment, sports, community, school, and church groups.)

3. Please use a separate sheet of paper to describe what you want to accomplish for youth in the City of Greenville while serving on the Youth Council. Also, indicate why you should be selected as a member.
4. Include a letter of recommendation from an adult who has known you and has worked with you in school or in non-school activities. The reference should speak to your leadership potential and ability to manage the demands of both school and the Council.
5. Signatures:

Student Signature:

I have read and understand the time commitment required for the Greenville Youth Council. I also know the importance of academics and the necessity for me to maintain or improve my G.P.A. while serving on the Council. I am able to make such a commitment for the school year.

Student Signature

Date

School Official (Principal or Designee):

I believe that this student has the ability to responsibly serve on the City of Greenville Youth Council.

Principal's/Designee Signature

Date

Parent/Legal Guardian Permission:

I give my permission for _____ to seek the position of City of Greenville Youth Council member.

Parent/Guardian Signature

Date

Telephone number in case of emergency _____

Name of emergency contact and relationship to youth _____

Parent(s) e-mail address _____

Student e-mail address _____