



CITY OF HOMESTEAD MAYOR'S YOUTH COUNCIL APPLICATION



The vision for the Mayor's Youth Council is to empower caring youth dedicated to personal development and servant leadership. If you are interested in applying for membership to the Mayor's Youth Council, please complete the following application. Applicants MUST be a city resident and be in grades 8th through 11th. Please type or print clearly in blue or black ink. You may attach additional sheets if necessary. ALL information must be completed in order to be considered for the Mayor's Youth Council.

(Please print)

Name: _____ Age: _____

School: _____ Grade: _____

Home Address: _____ Zip: _____

Telephone: _____ Cell Phone: _____

E-Mail: _____

Parent/Guardian: _____

Optional Information: _____

The City of Homestead does not discriminate based on race, ethnicity, sex, creed, national origin or disability. This information need not be provided. It is requested to facilitate the City of Homestead's goal of assembling a diverse group. Omitting this information will not affect your application.

Race or ethnic group: American Indian African American Asian White
 Middle Eastern Hispanic Other, please specify _____

Gender: Female Male Date of Birth: _____

Please check all that apply:

_____ I have transportation to get to Youth Council meetings/events.

_____ I initiated my interest in this program.

_____ I was asked to apply for this position.

By whom / position/organization? : _____

Why do you want to serve as a member of the Mayor's Youth Council? (feel free to add a sheet of paper)

What are the three most important issues to you, your friends, and your family concerning your neighborhood?

1. _____
2. _____
3. _____

Please list any other activities you will be involved in during the school year. Include employment, sports, community, school and religious groups.

What personal skills and characteristics do you possess that would make you a good representative?

If you could bring one thing to this city or change one thing, what would it be?

Are you willing to attend the meetings, events, and activities of the Youth Council for one year and commit to making a difference in our city?

Yes No

Are you interested in community service points for this project?

Yes No

Please list two adult references (non-relatives) with phone numbers. You must also attach letter of recommendation from these individuals. The letters must be no more than one page in length and typed. Please include one letter from your school principal or other school based personnel and one letter from a community member who is familiar with you.

1. _____

2. _____

I have read and understand the commitment required for the Mayor's Youth Council. I also realize the importance of teamwork and cooperation and I am willing to make this commitment.

Student Signature: _____ Date: _____

Parent/Legal Guardian Permission: I give my permission for _____
to seek the position of representative on the Mayor's Youth Council.

Signature of Parent/Guardian: _____

Date: _____

Emergency Telephone Number: _____

Emergency Cell Number: _____

Name of emergency contact and relationship to youth: _____

Mail to: City of Homestead, Mayor's Youth Council
 Councilwoman Patricia Fairclough
 100 Civic Court
 Homestead, FL 33030

Thank You!