

YOUTH ADVISORY COUNCIL

APPLICATION

BACKGROUND:

Thank you for your interest in the City of Alachua Youth Advisory Council (YAC). The purpose of the Council is to stimulate and foster the active participation of young individuals in the addressing of issues impacting the youth of the community to ensure leaders of tomorrow have input in the local government process today.

The YAC serves in an advisory capacity to the City of Alachua Commission. There are five (5) voting members of the YAC and a General Council made up of non-voting members. All voting members are appointed by the City of Alachua Commission. The General Council members are appointed by the voting members of the YAC.

ELIGIBILITY:

Applicants must be enrolled in a public school, private school or a home education program within the city of Alachua in grades nine through twelve.

MEETINGS:

The YAC meets at least quarterly or more often as directed by the YAC. The meetings are held in the James A. Lewis Commission Chambers at Alachua City Hall and are open to the public.

Instructions: Complete all fields below and on page 2 and submit application and letter of recommendation to:

City of Alachua
Attn: City Manager's Office
P.O. Box 9
Alachua, FL 32616

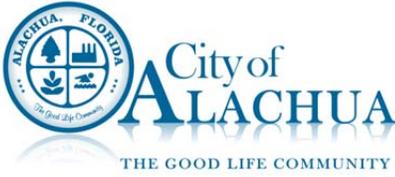
Student: _____ E-mail: _____
Home Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
School: _____ Grade: _____
Parent/Guardian: _____ Parent/Guardian Phone: _____

I have read and understand the commitment required as a member of the City of Alachua Youth Advisory Council. I will be a positive representative of youth in the community and serve to accomplish the goals and duties of the Youth Advisory Council.

Student Signature: _____ Date: _____

Parent/Guardian Permission: *I give my permission for* _____ *to apply to and participate as a member of the City of Alachua Youth Advisory Council.*

Parent/Guardian Signature: _____ Date: _____



YOUTH ADVISORY COUNCIL APPLICATION

Please check only one (1). I am applying for membership as a: Voting Member
 General Council Member

1. Why do you want to serve as a member of the City of Alachua Youth Advisory Council?

2. Explain how you are involved in your school and/or community. List all extracurricular activities.

3. What skills, talents and abilities do you have that will be beneficial in accomplishing the goals and duties of the City of Alachua Youth Advisory Council?

4. List two (2) adult references (non-relatives) with phone numbers.

Reference 1

Reference 2

Name: _____
Relationship: _____
Phone: _____

Name: _____
Relationship: _____
Phone: _____

5. Attach one (1) letter of recommendation from a staff/faculty member of your school.