# Valdosta Youth Council
# Application
# 2016-2017 Term

**Please Print**

Last Name_____ First_____ MI_____

Name you prefer to be called_____ Cell Phone _____

Email _____

Polo Shirt Size S _____ M _____ L _____ XL _____ XXL _____ Home Phone _____

Address_____

City_____ State_____ Zip_____

Name of School_____ Grade in school (2016-17) ____7th ____8th

Food Allergies/Special Diet_____

Parent(s)/Guardian Name _____ Phone _____

Parent(s)/Guardian Email _____ Phone _____

1. What would you like to accomplish as a member of the Valdosta Youth Advisory Council_____
   _____
   _____
   _____

2. Name any organizations, clubs or teams of which you are currently a member and any leadership roles you serve._____
   _____
   _____
   _____

3. In your opinion, what is one of the most challenging issues facing youth today, and how does it affect your generation? _____
   _____
   _____
   _____
   _____
   _____

4. What officer position would you be interested in? _____

**Commitment**
To successfully complete the City of Valdosta Youth Council, a participant must:

- Attend a school within the City of Valdosta and be in the 7th or 8th grade for the 2016-17 school year.
- Commit to attend the nine scheduled monthly meetings, Sept - May (one excused absence permitted).
- Agree to complete eight hours of community service.
- Attain transportation to and from meetings and events.
- Have a minimum 2.5 GPA.

**Code of Conduct**
- Be prompt and present at all meetings and dress appropriately.
- Be respectful in the treatment of and the interaction with other people.
- Be mindful of safety issues to ensure that everyone stays safe from harm and injury.
- Be courteous and do not talk on the cell phone during meetings (silence cell phone please).
- Be aware of inappropriate behavior and always conduct yourself in a respectable manner.

**I agree to the Commitment, Code of Conduct and the attendance requirement.**

Applicant's Signature_____ Date_____

**As the parent/guardian of this applicant, I support his/her participation and commitment to the City of Valdosta Youth Council. I understand, acknowledge, assume and accept the risk that accidents may occur while my child participates in Valdosta Youth Council. I, the undersigned assume the risk for any and all injuries occurring to my child arising out of any and all events at Valdosta Youth Council.**

Parent/Guardian Printed Name_____

Parent/Guardian Signature_____ Date _____

**I confirm that the applicant has a minimum 2.5 GPA and has the ability to serve on the Youth Council.**

Printed Name and Title of School Official_____

Signature of School Official_____Date_____

Include a letter of recommendation from an adult who has known you and can provide a testimony of your leadership potential and ability to manage the demands of both school and the Youth Council.

**Deadline to apply: August 31, 2016.** Mail completed application to: Sementha Mathews, City of Valdosta, Public Information Office, P.O. Box 1125, Valdosta, GA 31603-1125.

**For more information:** Call 229-259-3548 or email smathews@valdostacity.com. For more information, visit www.valdostacity.com/valdosta-youth-council or www.facebook.com/valdostayouthcouncil.