



**CITY OF LAPEER
YOUTH COUNCIL
APPLICATION**

Office Use Only: _____
Date Received: _____

If you are a high school student interested in representing your community on the City of Lapeer Youth Council, please complete the following application. As a representative on the Youth Council you will have the opportunity to serve, to listen to the concerns of your peers, assist with the development of youth programs, work to develop innovative solutions and meet with community leaders. If you have any questions or would like more information, please contact Commissioner Marlana Swindell via email at marlanaswindell@gmail.com.

PART I: APPLICATION.

PLEASE PRINT OR TYPE:

Name: _____

Phone #: _____

Address: _____

Email: _____

School: _____

Grade: _____ Date of Birth: _____

Written parental consent required.

PARENT'S/GUARDIAN'S PERMISSION:

I give my permission for _____ to be involved in the City of Lapeer Youth Council.

1. That Member has my consent and permission to participate as a member of the City of Lapeer Youth Council.
2. That Member has my consent and permission to participate in all City of Lapeer Youth Council activities, which may also include activities held at other locations.
3. On behalf of the Member and myself, I acknowledge that the Member will be participating at his/her own risk and I, on his/her and my own behalf, hereby release discharge and indemnify the City of Lapeer from all liability for injury to person or damage to property of myself and Member arising out of participation in, and transportation associated with, the City of Lapeer.
4. In permitting the Member to participate, I am specifically granting permission to the City of Lapeer Youth Council to use the likeness, voice and words of the Member in television, radio, films, newspapers, magazines and other media, and in any form not heretofore described, for the purpose of advertising or communicating the purposes and activities of the City of Lapeer Youth Council and appealing for funds to support such activities.
5. If I am not personally at City of Lapeer Youth Council activities in which the Member is participation, so as to be consulted in case of necessity, you are authorized on my behalf and at my account to take such measures to arrange for such medical and hospital treatment as you may deem advisable for the health and well-being of the Member.

Signature of Parent/Guardian: _____

Printed Name: _____

Relationship to Member: _____

Telephone Number: _____

Applicants should be willing and able to commit to:

- attend monthly meetings
- attend volunteer projects
- participate in discussions
- make decisions about youth council activities
- plan events
- fund raise for activities
- willing to engage Mayor/Commission
- ready to learn/shape your community

PART II: QUESTIONNAIRE.

If additional space is required, please attach separate sheets as needed.

1. Please list all activities in which you are currently involved. Are you an officer in any of these activities?

2. We recognize that people often learn more from failure than they do from success. Share with us one time you have failed and how that failure has shaped your perspective.

3. How do you envision the Youth Council impacting the community?

4. What are three issues that you feel should be addressed in the City of Lapeer?

5. Select one of your issues and briefly explain how you, the City and residents can address this concern effectively.

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