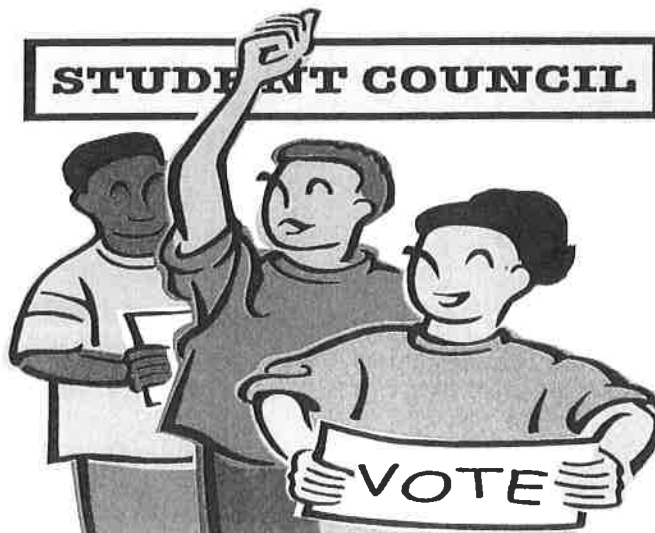


Mayor's Youth Council



Mission Statement

The (your city or town) Mayor's Youth Council (come up with a mission statement that applies to your council)

Who can join the Mayor's Youth Council?

Any student, 9th – 12th grade, who resides in (your city or town). The Mayor's Youth Council is made up of a Steering Committee that consists of 8–10 adults and an unlimited number of 9th – 12th graders with a group of adult advisor.

What does the Council do?

The Council participates in...

- Community events
- Volunteer projects
- State Wide Summit
- City Council Meetings
- City-Wide Clean Ups
- Etc.

Why should I join the Council?

When you join the Council, you can...

- Meet new people
- Have fun
- Volunteer at City activities
- Be a voice for the youth of (your city or town)
- Be involved in the community

APPLICATION TO SERVE ON THE (YOUR CITY OR TOWN) MAYOR'S YOUTH COUNCIL

Please print neatly in blue or black ink.

Name _____ Date _____

Parent's Names _____

Home Phone # _____ Teen Phone Line _____

Address _____ City _____ State _____ Zip _____

E-mail Address _____

School _____ Grade _____ Age _____

Why do you want to be involved in the Mayor's Your Council?

Describe your ideas and goals for this Council and how they can benefit the Community.

List all organizations or clubs you are currently a member of.

List anyone you would like to nominate for this Council. Please indicate a contact number and address.

I understand that being a member of the Mayor's Youth Council carries certain responsibilities. I agree to conduct myself as properly befitting a representative of my city and abide by all guidelines of the Council.

Student Signature: I have read and understand the above commitments required for the Council.

Student Signature **Date**

Parent/Legal Guardian Signature: I give my permission for the above named applicant to seek a position on the Mayor's Youth Council and I have read and understand the commitments required for the Council.

Parent Signature **Date**

Please return application to:	
(Your city or town)	Ms. Kathi Irwin or
(Contact Person)	Ms. Martindale at the
(Your address)	School Office

If you have any questions,	
Please contact:	
(Your contact person)	Kim Ratliff
Phone Number	662-287-2401
E-mail Address	662-287-6718 cell