



GRAND RAPIDS MAYOR'S YOUTH COUNCIL

*The Mayor's Youth Council is a program managed by
Our Community's Children.*



APPLICATION FORM

Name: _____ Grade: 9th ___ 10th ___

School: _____ 11th ___ 12th ___

Home Address: _____

City: _____ Zip: _____ Telephone: _____

Email Address: _____

Race or Ethnic Background (Optional): _____ Gender: M ___ F ___

Would you be able to attend meetings at City Hall by arranging transportation through a parent/guardian or the city bus? Yes No

In which City Ward do you live? First _____ Second _____ Third _____
(Go to www.ci.grand-rapids.mi.us, click onto Government, then Maps to determine your Ward.)

MEMBERSHIP ON THE MAYOR'S YOUTH COUNCIL DEMANDS STRICT ATTENDANCE. ALL PARTICIPANTS ARE REQUIRED TO SIGN A CONTRACT AGREEING TO FULL PARTICIPATION AND LAWFUL AND APPROPRIATE CONDUCT WHILE ON THE COUNCIL. THERE WILL BE ONE FORMAL MEETING PER MONTH ON A TUESDAY AT 4 PM ALONG WITH SUBCOMMITTEE MEETINGS AND MANDATORY SCHEDULED ACTIVITIES. SOME ACTIVITIES OCCUR DURING SCHOOL HOURS. COUNCIL TERMS ARE FOR ONE SCHOOL YEAR. APPLY ONLY IF YOU CAN MAKE SUCH A COMMITMENT.

1. What personal skills and characteristics do you possess that would make you a good representative for the Mayor's Youth Council?

2. What is the most critical issue facing youth in Grand Rapids today and how should the Mayor's Youth Council address that issue?

3. What do you currently know about City Government?

4. What has been your greatest academic and social achievements to date?

5. After graduating from high school, what are your academic and/or career goals?



8. RECOMMENDATIONS:

Include **two letters of recommendation** from an adult (other than a relative) who has known you and has worked with you either in school or in non-school related activities. The references should speak to your character, integrity, leadership potential, your ability to follow through on commitments and your history of managing the demands of both school and extracurricular activities.

9. SIGNATURES:

Student Signature:

I understand the time commitment required for the Mayor's Youth Council. I know that I must demonstrate appropriate conduct on the Council, in school and the community. I also know the importance of academics and the necessity for me to maintain or improve my G.P.A. while serving on the Council. I am able and willing to make such a commitment for the year.

Student's Signature

Date

Principal's Signature:

I believe that this student has the ability to responsibly serve on the Mayor's Youth Council.

Principal's Signature

Date

Parent/Legal Guardian's Signature:

I give my permission for the above named applicant to seek the position as representative for the Mayor's Youth Council.

Parent/Guardian's Signature

Date



Building Our Future By Supporting Our Youth



**PLEASE MAIL THIS APPLICATION AND REFERENCES BY SEPTEMBER 22 TO:
OUR COMMUNITY'S CHILDREN
300 MONROE AVENUE NW
GRAND RAPIDS, MI 49503
616-456-3558**