



CITY OF CAPE CORAL YOUTH COUNCIL APPLICATION

This Youth Council Application, when completed, signed and filed with school administration is a PUBLIC RECORD under Chapter 119, Florida Statutes, and, therefore, is open to public inspection by any person. Applications will be retained in accordance with State Records Retention laws.

DATE: _____

NAME: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

HOME PHONE: _____ CELL: _____

E-MAIL ADDRESS: _____

PARENT(S) FIRST AND LAST NAME: _____

HOME PHONE: _____ CELL: _____

E-MAIL ADDRESS: _____

HOW LONG HAVE YOU LIVED IN CAPE CORAL? _____

ARE YOU A U.S. CITIZEN? _____

SCHOOL: _____

CURRENT GRADE: _____ GPA: _____

1. HOW DID YOU HEAR ABOUT THE CITY'S YOUTH COUNCIL? _____

2. LIST YOUR INTERESTS & ACTIVITIES (HOBBIES, ORGANIZATIONS, CLUBS, SPORTS, POSITIONS HELD, ETC.): _____

PLEASE MAKE SURE TO RETURN THE ORIGINAL APPLICATION TO THE CITY OF CAPE CORAL CLERK'S OFFICE BEFORE THE DEADLINE and OBTAIN A RECEIPT FROM THE CLERK'S OFFICE.

3. LIST UP TO FIVE CLUBS, ORGANIZATIONS OR SPORTS PROGRAMS IN WHICH YOU HAVE PARTICIPATED DURING THE LAST TWO YEARS.

NAME OF SCHOOL, CLUB/ORGANIZATION/SPORT	WHEN INVOLVED	WHAT WAS YOUR ROLE IN THE ACTIVITY?
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____

4. WHAT DO YOU SEE AS THE ROLE OF YOUTH IN OUR SOCIETY AND HOW WOULD YOU LIKE THAT TO CHANGE IN THE FUTURE?

5. LIST ANY SPECIAL RECOGNITION OR HONORS FOR ACADEMIC, SCHOOL, RELIGIOUS OR COMMUNITY RELATED ACTIVITIES YOU HAVE RECEIVED OVER THE LAST TWO YEARS.

6. WHAT ARE YOUR CAREER GOALS? _____

7. DESCRIBE A TIME WHEN YOUR ACTIONS POSITIVELY AFFECTED A PERSON, YOUR SCHOOL, OR YOUR COMMUNITY.

8. IF YOU COULD CHANGE ANYTHING ABOUT YOUR COMMUNITY OR SCHOOL, WHAT WOULD IT BE AND WHY?

9. WHY DO YOU WANT TO SERVE ON THE CITY’S YOUTH COUNCIL? (PLEASE BE SPECIFIC) _____

10. ARE YOU WILLING TO ATTEND YOUTH COUNCIL MEETINGS ON THE SECOND AND FOURTH FRIDAY OF THE MONTH?

___ YES ___ NO

11. PLEASE PROVIDE TWO REFERENCES. PLEASE SEE PAGES 4 AND 5 OF THIS APPLICATION FOR REFERENCE INFORMATION.

REFERENCE #1

REFERENCE #2

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

DAYTIME PHONE: _____

DAYTIME PHONE: _____

I understand that if I am selected as a member of the City of Cape Coral Youth Council I will need to attend Youth Council meetings the 2nd and 4th Friday of every month (schedule to be approved every Fall) and participate in a manner that brings honor and respect to the citizens of the City of Cape Coral.

Signature

Date

I give permission for _____ to apply for the City of Cape Coral Youth Council. If selected, I will support him/her in attending meetings and functions related to the City’s Youth Council. PARENTAL CONSENT REQUIRED (unless the applicant has reached the age of majority).

Signature of Parent or Guardian

Date

Reference #1
City of Cape Coral Youth Council

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- *Youth Council Applicant:* **Two** references must be completed by non-relatives.
- *Reference:* Please include the following information about yourself so that we may contact you if necessary

Youth Council Applicant's Name: _____

Reference's Name: _____

Address: _____

City, State, and Zip Code: _____

Home Phone: _____ Work Phone: _____

1. How long have you know the applicant? _____
2. What is your relationship to the applicant? _____

3. Is the applicant dependable? _____
4. Why would you recommend the applicant for this position? _____

Signature: _____ Date: _____

Reference #2
City of Cape Coral Youth Council

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Reference's Name: _____

Address: _____

City, State, and Zip Code: _____

Home Phone: _____ Work Phone: _____

1. How long have you know the applicant? _____

2. What is your relationship to the applicant? _____

3. Is the applicant dependable? _____

4. Why would you recommend the applicant for this position? _____

Signature: _____ Date: _____