CITY OF CAPE CORAL
YOUTH COUNCIL COMMUNICATIONS DIRECTOR APPLICATION

This Youth Council Communications Director Application, when completed, and signed 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 CAPE CORAL'S CITY YOUTH COUNCIL?** _____

_____

_____

_____

_____

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

_____

_____

_____

_____

PLEASE MAKE SURE TO RETURN THE ORIGINAL APPLICATION TO THE CITY COUNCIL'S OFFICE

BEFORE THE DEADLINE and OBTAIN A RECEIPT FROM THE CITY COUNCIL'S OFFICE.

3. **PLEASE LIST ANY BACKGROUND EXPERIENCE YOU HAVE WITH COMPUTER TECHNOLOGY AND SOCIAL MEDIA.**

4. **HOW CAN YOU HELP CAPE CORAL'S CITY YOUTH COUNCIL COMMUNICATE WITH YOUTH IN THIS CITY?**

5. **HOW DO YOU PLAN TO HELP INCREASE PUBLIC ATTENDANCE (EITHER IN-PERSON OR ONLINE) AT CAPE CORAL'S CITY YOUTH COUNCIL'S MONTHLY MEETINGS?**

6. **HOW DO YOU PLAN TO HELP PUBLICIZE AND RAISE FUNDS FOR FUNDRAISERS PUT TOGETHER BY CAPE CORAL'S CITY YOUTH COUNCIL?**

7. **(OPTIONAL) PROFESSIONAL SUMMARY: PLEASE INCLUDE A WORK PROFOLIO THAT WILL HIGHLIGHT YOUR RELEVANT SKILLS, QUALIFICATIONS AND ACHIEVEMENTS.**

8. **ARE YOU WILLING TO ATTEND CAPE CORAL'S CITY YOUTH COUNCIL MEETINGS ON THE SECOND FRIDAY OF THE MONTH?**

___YES ___NO

I understand that if I am selected as the Communications Director to the City of Cape Coral Youth Council, I will need to attend Youth Council meetings the 2nd 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 Communications Director to 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

Home Phone: _____ Work Phone: _____