



APPLICATION FOR THE CITY OF FORT PIERCE YOUTH COUNCIL

*Please print neatly in blue or black ink.

Name _____ Date _____
Parent's Name(s) _____
Home Phone # _____ Other Phone Line _____
Address _____ City _____ State ____ Zip _____
E-mail Address _____
School Name: _____ Grade: _____ Age: _____
Grade Point Average: _____

List the extra-curricular activities that you currently take part in:

List any other organizations or clubs you are currently a member of:

Why do you want to be involved in the City of Fort Pierce Youth Council?

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

If you could change one thing about this City, what would that be and why?

What are you passionate about?

Please Return to: The City of Fort Pierce, City Manager's office: 100 N. US Highway 1, Fort Pierce, FL 34950 or for more info, please call 772-465-4170 or email citymanager_dl@cityoffortpierce.com



APPLICATION FOR THE CITY OF FORT PIERCE YOUTH COUNCIL pt2.

Commitment Statement: I understand that being a member of the City of Fort Pierce 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. I understand that four or more consecutive absences from Youth Council meetings is grounds for dismissal.

***Please see the attached List of Offices and Duties document. 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 City of Fort Pierce Youth Council and I have read and understand the commitments required for the Council.

_____ Parent Signature _____ Date

***Completing this application does not guarantee a seat on the Youth Council. If you have any questions please call 772-465-4170 or email citymanager_dl@cityoffortpierce.com**