

**Youth Advisory Council**

**Membership Application**

To Apply for Membership:

* **Part I: Student Application:** Fill out the application form completely.
* **Part II: Parental Consent Form:** Parent or legal guardian must sign and submit a consent form for a student applicant to be considered.
* **Part III: Recommendation Letter:** The recommendation letter must be signed by a school administrator or teacher. A representative of a community, school official or school-sponsored club or organization (with a civic mission) may complete and submit a letter of recommendation can be from either school or community. **A minimum of two letters are required. RECOMMENDATION LETTER’S CAN NOT BE SENT IN SEPARENTLY.**
* **Part IV: Submission of Application:** Applications, Letters of Recommendations, and Consent Forms:

Mail to: Altemese Wilson

Youth Advisory Council

3111 Citizens Way

2nd Floor

Columbus, Georgia 31906

E-mail to: [awilson@columbusga.org](mailto:awilson@columbusga.org)

For more information: 706-225-3108

The Youth Advisory Council of Columbus, Georgia is a place where young people can make a difference within their community by serving as a member of the Youth Advisory Council, a body composed of middle school and high school students throughout Muscogee County.

The mission of the Youth Advisory Council is to broaden the scope of youth leadership in Columbus, Georgia through volunteerism, service and initiatives that are directed towards allowing youth input into policy issues, identifying youth issues, and participating in the development of positive solutions.

Eighty-four students are appointed each year, which includes, appointments by both governing boards and elected officials

**Application Deadline: April 15**

**Youth Advisory Council**

**Membership Application**

**Part I: Personal Information**

**Deadline: April 15**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Legal Guardian Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Legal Guardian Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Cell Phone: (optional) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student E-mail: (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Presently Attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Attending Next School Year: (if different) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade Attending Next School Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Race: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

T-Shirt Size (adult sizes): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Short Essay (50-100 words)**

**(All questions must be typed to be considered for membership)**

1. Why do you want to serve as a member of the Youth Advisory Council, and if selected, how will your experience on the youth council affect your goals and life choices in civic involvement?
2. What do you think is the most important issue facing Columbus youth today? How would you hope to affect this issue using your experience as a Youth Advisory Council Member?
3. If you could meet any Columbus, Georgia public figure (past or present), who would he/she be and why?

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**Part II: Personal Information**

**Deadline: April 15**

The Youth Advisory Council of Columbus, Georgia actively invites and encourages all students in grades 5th – 11th Grade to submit an application for membership on the Youth Advisory Council. If your child is selected, every effort will be made to minimize any burden on council activities on your child’s school responsibilities and other personal priorities, including any unnecessary personal financial burden on you and your family. However, you will be responsible for providing transportation to and from meetings or event of the Youth Advisory Council.

**PERMISSION TO SEEK MEMBERSHIP ON THE LEGISLATIVE YOUTH ADVISORY COUNCIL**

My child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is interested in becoming a member of the Youth Advisory Council and I support and authorize his/her participation, if selected. I understand that I am responsible for the transportation of my child to and from any youth council meeting.

**PHOTO RELEASE**

I understand that the Youth Advisory Council may attract attention from the media and that my child may be photographed or filmed during any meeting or event. Therefore, I grant permission to use photographs, video recordings, or other electronic or printed communications of my child, if selected. I understand that such photographs, recordings, or other communications may be used for public display on the official website of the Youth Advisory Council.

**RELEASE FROM LIABILITY**

I, the undersigned, expressly release the Youth Advisory Council of Columbus, Georgia, and any of its members and staff, any participating public official, or any other participating agency/organization from any and all claims, which may arise during the term of my child’s membership, if he/she is selected.

Signature of Parent/Legal Guardian Date