



Application 2019-2020 Term

(Please Print)

Last Name _____ First _____ MI _____

Name you prefer to be called _____ Cell Phone _____

Email _____

Polo Shirt Size S _____ M _____ L _____ XL _____ XXL _____ Home Phone _____

Address _____

City _____ State _____ Zip _____

Name of School _____ Grade in school (2019-20) _____

Food Allergies/Special Diet _____

Parent(s)/Guardian Name _____ Phone _____

Parent(s)/Guardian Email _____ Phone _____

1. What would you like to accomplish as a member of the Douglas Youth Council?

2. Name any organizations, clubs or teams of which you are currently a member and any leadership roles you serve.

3. In your opinion, what is one of the most challenging issues facing youth today, and how does it affect your generation?

4. What officer position would you be interested in? _____

Please include a 500 word essay about why you would like to serve on this council; your academic goal; your school and community involvement; and any other information you would like to share.

Include a letter of recommendation from an adult who has known you and can provide a testimony of your leadership potential and ability to manage the demands of both school and the Youth Council.

To successfully complete the City of Douglas Youth Council, a participant must:

- Attend a school public, private, or home school within Douglas and be in the 9th - 12th grade for the 2019-20 school year.
- Commit to attend monthly meetings, training, and retreats monthly meetings, (one excused absence permitted per calendar year).
- Agree to complete a determined amount hours of community service.
- Obtain transportation to and from meetings and events.
- Have a minimum 2.5 GPA.
- Commit to the Douglas Youth Council Code of Conduct
- Be prompt and present at all meetings and dress appropriately.
- Be respectful in the treatment of and the interaction with other people.
- Be mindful of safety issues to ensure that everyone stays safe from harm and injury.
- Be courteous and do not talk on the cell phone during meetings (silence cell phone please).
- Be aware of inappropriate behavior and always conduct yourself in a respectable manner.

I agree to commit to the Code of Conduct and fulfill the attendance requirement as set by the Douglas Youth Council.

Applicant's Signature _____ Date _____

As the parent/guardian of this applicant, I support his/her participation and commitment to the City of Douglas Youth Council. I understand, acknowledge, assume and accept the risk that accidents may occur while my child participates in Douglas Youth Council. I, the undersigned assume the risk for any and all injuries occurring to my child arising out of any and all events at Douglas Youth Council.

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____ Date _____

I confirm that the applicant has a minimum 2.5 GPA and has the ability to serve on the Douglas Youth Council.

Printed Name and Title of School Official _____

Signature of School Official _____ Date _____

Deadline to apply: January 15, 2019. Mail completed application to: City of Douglas Mayor's Youth Council, PO Box 470, Douglas, GA 31534. For more information: Call 912-389-3405 or email info@cityofdouglas.com. For more information, visit www.CityofDouglas.com/DYC.