

**Application for Membership  
2015-2016**

**Florence Area Mayor's Youth Council**

*A messy or incomplete application will not be considered. Write or type neatly.*

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Home address: \_\_\_\_\_

Home telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Age: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent or Guardian Names, Phone & Email \_\_\_\_\_

**Grade** and **school** you will be attending 2015-2016 \_\_\_\_\_

How long have you lived in Florence? \_\_\_\_\_

Why do you wish to be considered for membership on the council? \_\_\_\_\_

\_\_\_\_\_

List all extracurricular activities: \_\_\_\_\_

\_\_\_\_\_

The attendance policy for the Mayor's Youth Council states that only three absences are allowed. Will your extracurricular activities prevent you from following policy? \_\_\_\_\_

\_\_\_\_\_

What leadership qualities or qualifications do you have that would be useful as a member of the Mayor's Youth Council?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***\*\*\* On the back of this application, please discuss the issues concerning youth in the City of Florence. \*\*\****

**Applicant Commitment:** The Youth Council requires attendance at its meetings and participation in community service projects. I wish to participate in the Florence Mayor's Youth Council. I will be able to attend 6 of the 9 meetings and participate in projects selected by the Council. I understand that failure to attend meetings and participate in service projects could mean being dropped from the council. This includes sports and illness. Exceptions will rarely be made with approval of the sponsor. Meetings are held on the first Wednesday of each month at 3:45.

**Applicant's Signature:** \_\_\_\_\_

This application has my full approval and the applicant has my support and permission to participate in this program. I understand that if my student misses more than 3 of the 9 meetings, he or she will probably be dropped from the council. This includes sports events or illness. Exceptions will rarely be made with approval of the sponsor.

**Parent's Signature** \_\_\_\_\_

Please mail or hand-deliver this completed form with at least two letters of recommendation and a copy of your end of the year report card by **May 29, 2015**. One letter should be from a current teacher (plan ahead and do this before school is out) and one from a member of the community or church. You may submit more than two if you wish, but it is not necessary.

Mrs. Pam Clark

123 East Main Street Florence, MS 39073

For more information, contact Pam Clark at (601) 941-7675.

You may also leave your application at the front desk at city hall