

# Destín Youth Council



## Application for Membership

*The youth council is a city funded council composed of high school aged-youth from Destín. The youth council is an opportunity for youth to have a formal role in the city's planning and decision-making process.*

### Youth Council Members:

- ❖ Represent Destín youth on issues important to them.
- ❖ Identify ways to improve Destín for its youth.
- ❖ Appropriate funds for youth related activities.
- ❖ Act as an advisory board to Destín City Council.

### Membership Criteria

- ❖ Applicants must live within the city limits of Destín.
- ❖ Applicants must be between the grades of 9 and 12 with at least a 2.25 GPA.
- ❖ Terms shall be for one year
- ❖ There will be no smoking, drinking alcoholic beverages or using illegal drugs by any member of the Destín Youth Council.
- ❖ Applicants must be willing to attend at least one meeting a month.
- ❖ All applicants will be considered regardless of race, color, gender, national origin, or disability.

*City of Destin  
4200 Indian Bayou Trail  
Destin, FL 32541  
(Attn: Office of the City Clerk)*

*Applicant Information:*

*Name:* \_\_\_\_\_

*Home Address:* \_\_\_\_\_

*E-mail Address:* \_\_\_\_\_

*Phone Number:* \_\_\_\_\_ *Date of Birth* \_\_\_\_\_

*School:* \_\_\_\_\_ *Current Grade:* \_\_\_\_\_

*Applicant Experience:*

*Please list activities in which you have participated. Include organizations, school-related activities, and community activities.*

*Name of Organization:* \_\_\_\_\_

*Title or Position:* \_\_\_\_\_

*Period of Involvement:* \_\_\_\_\_ *Hours per week:* \_\_\_\_\_

*Name of Sponsor:* \_\_\_\_\_ *Phone Number:* \_\_\_\_\_

*Name of Organization:* \_\_\_\_\_

*Title or Position:* \_\_\_\_\_

*Period of Involvement:* \_\_\_\_\_ *Hours per week:* \_\_\_\_\_

*Name of Sponsor:* \_\_\_\_\_ *Phone Number:* \_\_\_\_\_

*Name of Organization:* \_\_\_\_\_

*Title or Position:* \_\_\_\_\_

*Period of Involvement:* \_\_\_\_\_ *Hours per week:* \_\_\_\_\_

*Name of Sponsor:* \_\_\_\_\_ *Phone Number:* \_\_\_\_\_

*Employment:*

*Beginning with your present or most recent job, please list your employment history.*

Type of Work: \_\_\_\_\_  
Period of Work: \_\_\_\_\_ Hours per week: \_\_\_\_\_  
Name of Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Type of Work: \_\_\_\_\_  
Period of Work: \_\_\_\_\_ Hours per week: \_\_\_\_\_  
Name of Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Type of Work: \_\_\_\_\_  
Period of Work: \_\_\_\_\_ Hours per week: \_\_\_\_\_  
Name of Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Sponsor and Personal References

<i>Name</i>	<i>Address</i>	<i>Phone number</i>

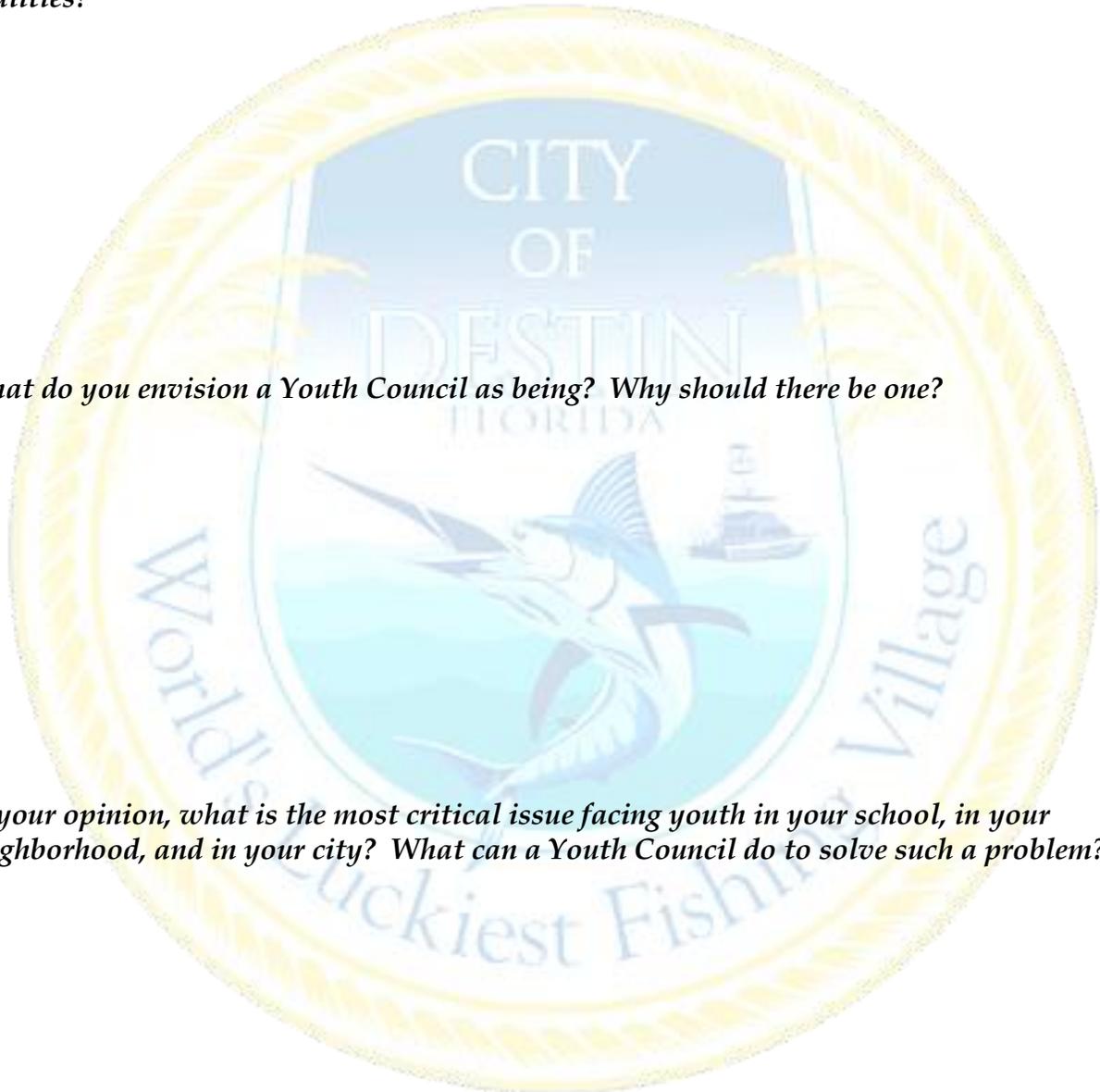
*Additional Information:*

*To give each applicant the opportunity to demonstrate his or her eligibility for the Youth Council, answer the following questions limiting each response to 100 words or less. Use separate sheet of paper if necessary and attach response sheet to the application and submit together.*

*1. Why do you believe that you would be a good candidate for the Youth Council? Any special qualities?*

*2. What do you envision a Youth Council as being? Why should there be one?*

*3. In your opinion, what is the most critical issue facing youth in your school, in your neighborhood, and in your city? What can a Youth Council do to solve such a problem?*



**Applicant Statement**

*I hereby certify that the information I have given is true and correct to the best of my knowledge. I understand that provision of false information may disqualify my consideration. I authorize the release of this information for verification purposes and understand it will be used only to process my application. I also understand that by submitting this form, I am submitting an application to participate as a member of the Destin Youth Council and that said application is only complete upon receipt of the Parental/Guardian Consent and Liability Release form and receipt of GPA certification form and class rank verification form signed by my school counselor. Upon submission of the application, I understand that I will be considered for membership with all other applicants and that I may or may not be selected for membership. If selected, I agree to attend all meetings and events and understand that I will be removed from membership for failure to do so.*

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*Signature*

*Date*

*Parental Consent*

*I, the undersigned, do hereby consent to my child's participation in the Destin Youth Council. I acknowledge that I have read and understand the Destin Youth Council By-Laws and allow my child to attend all meetings and events relative to this program; and that I understand that my child will be removed from membership for failure to do so. I also acknowledge that upon submission of the application, my child will be considered for membership with all other applicants and that my child may or may not be selected for membership. I further acknowledge that my child's participation in this program is voluntary and I agree to release the City of Destin and all of their employees, officials, and any and all individuals and organizations assisting or participating in the program from any and all claims for personal injuries and property damage which my child may suffer while participating as a member of the Destin Youth Council.*

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*Signature of Parent or Guardian*

*Date*

**2016-2017 Destin Youth Council Program**

## GPA Verification Form

### To Be Completed by the Student

*This form must be signed by your counselor or other school official, verifying your weighted GPA on a 4.00 scale. Please complete the information below and sign and date the release of information section. Ask your high school counselor to complete the remainder of the form and return it to you to include with your application.*

*Applicant's full name:* \_\_\_\_\_ *Grade* \_\_\_\_\_

*High School name:* \_\_\_\_\_

### *Release of Information*

*I grant permission to release all information regarding my GPA to the City of Destin, as deemed necessary for consideration for membership to the Destin Youth Council.*

*Signature of Applicant* \_\_\_\_\_ *Date* \_\_\_\_\_

### To Be Completed by your High School Counselor

*Please provide requested information below and return the form to the student so that he or she may submit it with the application.*

*High School name* \_\_\_\_\_

*The above named student has a cumulative weighted GPA on a 4.00 scale of* \_\_\_\_\_

*Student's current grade level* \_\_\_\_\_

\_\_\_\_\_  
*Signature of Authorized Official*

\_\_\_\_\_  
*School Official's Title*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Phone*