



## CITY OF CAPE CORAL YOUTH COUNCIL APPLICATION

This Youth Council Application, when completed, signed, and filed with the City Clerk's Office, is a PUBLIC RECORD under Chapter 119, Florida Statutes, and, therefore, is open to public inspection by any person. Applications will be retained in accordance with State Records Retention laws.

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

PARENT(S) FIRST AND LAST NAME: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

HOW LONG HAVE YOU LIVED IN CAPE CORAL? \_\_\_\_\_

ARE YOU A U.S. CITIZEN? \_\_\_\_\_

SCHOOL: \_\_\_\_\_

CURRENT GRADE: \_\_\_\_\_ GPA: \_\_\_\_\_

1. HOW DID YOU HEAR ABOUT THE CITY'S YOUTH COUNCIL? \_\_\_\_\_

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2. LIST YOUR INTERESTS & ACTIVITIES (HOBBIES, ORGANIZATIONS, CLUBS, SPORTS, POSITIONS HELD, ETC.): \_\_\_\_\_

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PLEASE MAKE SURE TO RETURN THE ORIGINAL APPLICATION TO THE CITY OF CAPE CORAL CLERK'S OFFICE BEFORE THE DEADLINE and OBTAIN A RECEIPT FROM THE CLERK'S OFFICE.

**3. LIST UP TO FIVE CLUBS, ORGANIZATIONS OR SPORTS PROGRAMS IN WHICH YOU HAVE PARTICIPATED DURING THE LAST TWO YEARS.**

NAME OF SCHOOL, CLUB/ORGANIZATION/SPORT	WHEN INVOLVED	WHAT WAS YOUR ROLE IN THE ACTIVITY?
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____

**4. WHAT DO YOU SEE AS THE ROLE OF YOUTH IN OUR SOCIETY AND HOW WOULD YOU LIKE THAT TO CHANGE IN THE FUTURE?**

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**5. LIST ANY SPECIAL RECOGNITION OR HONORS FOR ACADEMIC, SCHOOL, RELIGIOUS OR COMMUNITY RELATED ACTIVITIES YOU HAVE RECEIVED OVER THE LAST TWO YEARS.**

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**6. WHAT ARE YOUR CAREER GOALS? \_\_\_\_\_**

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**7. DESCRIBE A TIME WHEN YOUR ACTIONS POSITIVELY AFFECTED A PERSON, YOUR SCHOOL, OR YOUR COMMUNITY.**

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8. IF YOU COULD CHANGE ANYTHING ABOUT YOUR COMMUNITY OR SCHOOL, WHAT WOULD IT BE AND WHY?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. WHY DO YOU WANT TO SERVE ON THE CITY’S YOUTH COUNCIL? (PLEASE BE SPECIFIC) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. ARE YOU WILLING TO ATTEND YOUTH COUNCIL MEETINGS ON THE SECOND AND FOURTH FRIDAY OF THE MONTH?

\_\_\_ YES \_\_\_ NO

11. PLEASE PROVIDE TWO REFERENCES. PLEASE SEE PAGES 4 AND 5 OF THIS APPLICATION FOR REFERENCE INFORMATION.

**REFERENCE #1**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_

**REFERENCE #2**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_

*I understand that if I am selected as a member of the City of Cape Coral Youth Council I will need to attend Youth Council meetings the 2<sup>nd</sup> and 4<sup>th</sup> Friday of every month (schedule to be approved every Fall) and participate in a manner that brings honor and respect to the citizens of the City of Cape Coral.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*I give permission for \_\_\_\_\_ to apply for the City of Cape Coral Youth Council. If selected, I will support him/her in attending meetings and functions related to the City’s Youth Council. PARENTAL CONSENT REQUIRED (unless the applicant has reached the age of majority).*

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**Reference #1**  
**City of Cape Coral Youth Council**

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- *Youth Council Applicant:* **Two** references must be completed by non-relatives.
- *Reference:* Please include the following information about yourself so that we may contact you if necessary

Youth Council Applicant's Name: \_\_\_\_\_

Reference's Name: \_\_\_\_\_

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

City, State, and Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

1. How long have you know the applicant? \_\_\_\_\_

2. What is your relationship to the applicant? \_\_\_\_\_

\_\_\_\_\_

3. Is the applicant dependable? \_\_\_\_\_

4. Why would you recommend the applicant for this position? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Reference #2**  
**City of Cape Coral Youth Council**

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Reference's Name: \_\_\_\_\_

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

City, State, and Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

1. How long have you know the applicant? \_\_\_\_\_
2. What is your relationship to the applicant? \_\_\_\_\_  
\_\_\_\_\_
3. Is the applicant dependable? \_\_\_\_\_
4. Why would you recommend the applicant for this position? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_