

# CITY OF BENTON



## MAYOR'S YOUTH ADVISORY COUNCIL RE-APPLICATION

*\*Please return completed application no later than Monday, April 18, 2016 to any of these locations:  
Benton High School Counselors' Office or City of Benton Mayor's Office*

Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

School attending in 2016-17: \_\_\_\_\_ Grade you will be in for 2016-17: \_\_\_\_\_

1. Do you feel that you have served faithfully as a member of the MYAC and at the volunteer projects where you volunteered?
  
2. If you feel you were unable to serve faithfully; what changes are you willing to make to be more involved in the 2016-17 MYAC?
  
3. List your planned obligations, interests and activities for the 2016-17 year (job, hobbies, organizations, clubs, sports, positions held.)
  
4. Can you attend 2 meetings monthly on the 1<sup>st</sup> & 3<sup>rd</sup> Mondays each month at 5:30 pm? \_\_\_\_\_
5. Do you have the time and the desire to serve on volunteer community projects approximately 2-4 hours a month throughout the 2016-17 year? \_\_\_\_\_

- I understand that if I am selected as a member of the City of Benton Mayor's Youth Advisory Council, I will need to attend the regularly scheduled monthly meetings and participate in a manner that brings honor and respect to the City of Benton, its citizens and this Council.

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

- I give my permission for \_\_\_\_\_ to re-apply for the MYAC for the City of Benton. If selected I will support him/her in attending meetings, participating in community service projects and all functions related to the MYAC.

\_\_\_\_\_

Signature of Parent or Guardian

\_\_\_\_\_

Date