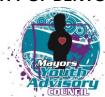
## **CITY OF BENTON**



# **Mayor's Youth Advisory Council Application**

Please complete this application in its entirety and return to Cynthia Nesbitt at P.O. Box 607 Benton, AR. 72018 by Monday, July 6th

You will be contacted **via email** to schedule your interview time.

Name:							
Address	ress/Please include zip code:	ease include zip code:					
 Cell #: _	#: Text Availability (circle one) yes	no					
Email A	il Address:	<del>-</del>					
Current	ent Grade: Age: School:						
Please a	se answer the following questions. You may use additional paper if necessar	у.					
1.	<ol> <li>List your current obligations, interests and activities (job, hobbies, organ held).</li> </ol>	izations, clubs, sports, positions					
2.	2. What are a couple of issues you would like to see addressed in our commyou, your friends, and your family?	munity which are important to					
3.	3. Why do you want to serve on the MYAC?						
4.	4. How do you think the MYAC can best represent the youth of our commu	unity?					
5.	5. What personal skills and characteristics do you possess that would make council?	e you a good member of this					
6.	6. Have you volunteered before? If so, please tell us where and what you o	lid.					
7.	7. Are you willing, committed and available to attend the regularly schedul on the 1 <sup>st</sup> Monday of each month from 5:15 P.M. – 6:15 P.M.?	ed MYAC meetings once a month					
8.	8. Do you have time and the desire to serve on volunteer community proje	ects and/or special committee					

projects throughout the school year?

Each applicant must have one school reference and one community reference, both of which must be adults that are non-relatives. Reference forms are attached.

I understand due to the COVID pandemic and school being let out early; you may not have contact with your teachers. If you are unable to complete the school reference form, it's ok. I will accept (2) community references.

#### **SCHOOL REFERENCE**

City of Benton Mayor's Youth Advisory Council

• Reference: Must be an adult not related to the applicant. Please include the following information about yourself so we may contact you if necessary.

Ap	plicant	s Name:				
Re	ference	's Name:				
Ad	dress:			City:	Zip:	
Ph	one #: _		Email:			
1.	How	long have you kno	own the applicant?			
2.	How	do you know the a	applicant from schoo	ol?		
3.		nas the applicant out	demonstrated respo	nsibility and commitmen	t in the classroom/during ex	tra-
4.	Why v	vould you recomr	mend the applicant f	or this council?		
Sig	nature:	· ,		Date	:	

IMPORTANT: Person completing this reference must place the reference in a sealed envelope and give it to the applicant to submit with his/her application. Or, return by mail to the following address no later than Monday, April 22nd. Thank you.

Mayor's Youth Advisory Council Attention: Cynthia Nesbitt P.O. Box 607 Benton, AR 72018

### **COMMUNITY REFERENCE**

## City of Benton Mayor's Youth Advisory Council

• Reference: Must be an adult not related to the applicant. Please include the following information about yourself so we may contact you if necessary.

dress:			City:	Zip:
one #:	:	_ Email:		
1. H	How long have you known	the applicant?		
2. F	How do you know the app	licant?		
3. H	How has the applicant den	nonstrated responsil	oility and comm	itment in the community?
4. V	Why would you recommer	nd the applicant for t	:his council?	
nature	e:		Dat	re:

IMPORTANT: Person completing this reference must place the reference in a sealed envelope and give it to the applicant to submit with his/her application. Or, return by mail to the following address no later than Monday, April 22, 2019. Thank you.

Mayor's Youth Advisory Council Attention: Cynthia Nesbitt P.O. Box 607 Benton, AR 72018