

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/Please include zip code:

Cell #: _____ Text Availability (circle one) yes no

Email Address: _____

Current Grade: _____ Age: _____ School: _____

Please answer the following questions. You may use additional paper if necessary.

1. List your current obligations, interests and activities (job, hobbies, organizations, clubs, sports, positions held).
2. What are a couple of issues you would like to see addressed in our community which are important to you, your friends, and your family?
3. Why do you want to serve on the MYAC?
4. How do you think the MYAC can best represent the youth of our community?
5. What personal skills and characteristics do you possess that would make you a good member of this council?
6. Have you volunteered before? If so, please tell us where and what you did.
7. Are you willing, committed and available to attend the regularly scheduled MYAC meetings once a month on the 1st Monday of each month from 5:15 P.M. – 6:15 P.M.?
8. Do you have time and the desire to serve on volunteer community projects 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.*

Applicant's Name: _____

Reference's Name: _____

Address: _____ City: _____ Zip: _____

Phone #: _____ Email: _____

1. How long have you known the applicant?
2. How do you know the applicant from school?
3. How has the applicant demonstrated responsibility and commitment in the classroom/during extra-curricular activities?
4. Why would you recommend the applicant for this council?

Signature: _____ 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

