



CITY OF LAUDERHILL YOUTH COUNCIL APPLICATION

The vision of the Youth Council is to empower youth dedicated to personal development and leadership. If you are interested in applying for membership to the Youth Council, please complete this application. Applicants **MUST** be a City of Lauderhill resident, currently enrolled in the grades 9 through 12 and be no less than fourteen (14) years old. All board members must maintain at least a 2.5 GPA (please attach a copy of your most recent report card). If GPA is below the requirement, please submit an essay explaining why special consideration should be made. Please type or print clearly in blue or black ink. You may attach additional sheets if necessary. ALL information must be completed in order to be considered for the Youth Council.

Name:		Age:
School:		Grade and Current GPA:
Home Address:		Zip:
Telephone Number:	Cell Phone Number:	
Email Address:		
Parent/Guardian:		
Optional Information:		

The City of Lauderhill does not discriminate based on race, ethnicity, sex, creed, national origin or disability. This information need not be provided. It is requested to facilitate the City's goal of assembling a diverse representation of the community. Omitting this information will not affect your application.

Race or ethnic group:

- White
- Black (African Descent)
- Hispanic
- American Indian
- Asian/Pacific Islander
- Other – Please specify _____

Gender: Female Male Date of Birth: _____

Please check all that apply:

I have transportation to/from Youth Council meetings/events.

I initiated my interest/participation in this program.

I was asked to apply for this position.

By whom? _____ Position: _____

Organization: _____

Why do you want to serve as a member of the Youth Council? _____

What are the three most important issues to you, your family and friends in your community?

1. _____

2. _____

3. _____

Please list any other activities you are currently or will be involved in during the school year. Include employment, sports, community, school and religious activities. _____

What personal skills and characteristics do you possess that would make you a good representative?

If you could bring one thing to this City or change one thing, what would it be? _____

Are you willing to attend the meetings, events and activities of the Youth Council for one year and commit to making a difference in the City of Lauderhill? Yes No

Are you interested in community service points for this project? Yes No

Please list two adult references (non-relatives) with phone numbers. You must also attach letters of recommendation from these individuals. The letters must be typed and no more than one page in length. Please include one letter from your school principal or other school based personnel and one letter from a community member who is familiar with you.

1. _____

2. _____

I have read and understand the commitment required for the Youth Council. I also realize the importance of teamwork and cooperation and I am willing to make this commitment.

Applicant Signature: _____ Date: _____

Parent/Legal Guardian Permission:

I give my permission for (please print applicant's name) _____
to seek the position of representative on the City of Lauderhill's Youth Council.

Signature of Parent/Guardian _____

Date: _____

Emergency Telephone Number: _____

Emergency Cell Phone Number: _____

Name of emergency contact and relationship to youth: _____

Deadline to Apply: _____

Mail to: _____



CITY OF LAUDERHILL

YOUTH COUNCIL PARENTAL PERMISSION, MEDICAL AND LIABILITY WAIVER FORM

Member Name: _____
(Please Print)

Home Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (H) _____ (W) _____ (Cell/Other) _____

School Enrolled: _____ Student E-Mail: _____

Gender: _____ Date of Birth: _____

Emergency Contact: _____ Relationship: _____

Telephone: (H) _____ (W) _____ (Cell/Other) _____

Emergency Medical Consent and Authorization for Treatment

In the event of an injury/illness that requires medical treatment, your child's medical insurance will be the primary insurance.

Insurance Company
Name: _____

Policy
Number: _____ Telephone: _____

I hereby give permission to the staff to secure proper treatment for my child in the event of illness/injury, if I cannot be reached. I give permission to the physician selected by the staff to hospitalize my child and to authorize the necessary treatment, including anesthesia and surgery.

Liability Waiver and Photograph/Media Consent

I hereby declare that I am the legal parent/guardian of the above named participant and give my consent for his/her participation in the City of Lauderhill Youth Council. In consideration of my child being permitted to participate, I hereby release, waive, indemnify and hold harmless the City of Lauderhill, their agents, employees or volunteers from any and all liability for all injury, loss, damage and/or claim of damages to the person or property of my child during his/her participation with the City of Lauderhill's Youth Council, or its agents. I understand that my child is participating at his/her own risk. I hereby agree to allow my child to be photographed and/or videotaped during his/her participation in activities. I further authorize the use of such photos and/or videos for any promotional and/or documentary purposes without compensation.

Parent/Guardian Name (Please Print): _____

Signature: _____ Date: _____