

Bryant Mayor's Youth Advisory Council

Application

(For students entering the 10th, 11th, and 12th grade.)

Application due by October 31st by 5 o'clock to:

City of Bryant

210 Southwest 3rd St.

Bryant, AR 72022

Email: afikes@swbell.net

Name:(last)	(first)	(middle)
		,
Add1633		zip code
Home Phone:	Cell Phone:	Text Availability?:
Valid Email Address: _		
Current Grade:	Age: Date of Birth:	T-Shirt Size:
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5. What are good days and times for you to attend regularly scheduled monthly meetings?
6. What ideas do you have to help expand the Bryant MYAC into becoming more a part of the City of Bryant or the government?
7. What committees would be willing to be a part of?(circle at least 2)(we may be adding new committees and if you have a suggestion write it below!) and why? 1. Parks and Recreation 2. Fire Department 3. Police 4. Boys and Girls Club
8. How did you hear about the Mayor's Youth Advisory Council?
9. Please list your current obligations, interest, and activities your participate in.(jobs, hobbies, organizations, clubs, sports, positions held.)
How many community service hours are you willing to put forward to help your city, per month? hours
References: Three references are required to apply for the Bryant Mayor's Youth Advisory Council. Please provide one (1) teacher, one (1) adult, and one (1) peer reference along with the completed application. (all the references are attached)
I understand that if I am selected as a member of the Bryant Mayor's Youth Advisory Council, I will need to attend the regularly scheduled monthly meetings, participate in a manner that brings honor and respect to the City of Bryant, its citizens, and this Council, and abide by all the bylaws of the Bryant MYAC.
Student Signature:

d, I will support him/her i	n attending meetings, participating in co	visory for the ommunity		
uardian	Date			
Guardian	Address			
Home Number	City, State, Zip Code			
Email Address				
IF YOU HAVE ANY QUESTIONS PLEASE E-MAIL: afikes@swbell.net (DO NOT FILL OUT THE "MAYOR'S REVIEW"! OFFICE USE ONLY!) Mayor's Review:				
	uardian Guardian Home Number Email Address	d, I will support him/her in attending meetings, participating in counctions related to the Mayor's Youth Advisory Council. Uardian Date Guardian Address Home Number City, State, Zip Code Email Address NY QUESTIONS PLEASE E-MAIL: afikes@swbell.net		

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Teacher Reference

(Any teacher, counselor, or principal who have ha	ad in the past couple of years that can evaluated your abilities.)
Applicant's Name:	Grade:
Reference's Name:	
Reference's Title:	
City, State, Zip Code:	and/or Cell Phone:
How long have you known the Applicant?	
What is your relationship to the applicant?	
Is the applicant dependable?	
Why would you recommend the applicant for this	position?
Signature:	Date:
IMPORTANT: The person completing this refere by mail or in person to the following address by n	ence must place the reference in a sealed envelope and return o later than Friday October 31st. Thank you!
210 Sc	outh Advisory Council City of Bryant outhwest 3 rd Street vant, AR 72022

Bryant Mayor's Youth Advisory Council

Adult Reference

(Any mentor, youth leader, pastor, etc. non relative that can evaluate your abilities.)

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Applicant's Name:	Grade:
Reference's Name:	
Reference's Title:	
Reference's Address:	
City, State, Zip Code:	14 0 11 21
Contact Number:	and/or Cell Phone:
How long have you known the Ap	oplicant?
What is your relationship to the ap	oplicant?
Is the applicant dependable?	
Why would you recommend the a	pplicant for this position?
Signature:	Date:
Signature.	Butc.
	leting this reference <u>must place the reference in a sealed envelope and return</u> ing address by no later than Friday October 31st. Thank you!
	Mayor's Youth Advisory Council
	City of Bryant
	210 Southwest Third Street
	Bryant, AR 72022

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Peer Reference

(Any 16-18 years old peer and non-relative that can evaluate your abilities.)

Applicant's Name:	
City, State, Zip Code:	
Contact Number:	and/or Cell Phone:
How long have you known the Applican	t?
What is your relationship to the applican	nt?
Is the applicant dependable?	
Why would you recommend the applicant	nt for this position?
Signature:	Date:
	this reference must place the reference in a sealed envelope and return dress by no later than Friday, October 31st. Thank you!
 M	layor's Youth Advisory Council City of Bryant 210 Southwest Third Street
	Bryant, AR 72022