



*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**

Date: _____

Name: _____
(last) (first) (middle)

Address: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Text Availability?: _____

Valid Email Address: _____

Current Grade: _____ Age: _____ Date of Birth: _____ T-Shirt Size: _____

1. Why do you want to serve on MYAC? (please be specific).

2. List your personal skills and characteristics that you possess that would make you a good candidate to serve on the Bryant MYAC?

3. Give three interesting facts about you that would make you a good candidate for the Bryant Mayor's Youth Advisory Council.

- o _____
- o _____
- o _____

4. What would be something you would change in the City of Bryant and how could you accomplish it through the Bryant MYAC?

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 you participate in.(jobs, hobbies, organizations, clubs, sports, positions held.)

10. 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: _____

*Bryant Mayor's Youth
Advisory Council*

Teacher Reference

(Any teacher, counselor, or principal who have had in the past couple of years that can evaluated your abilities.)

Applicant's Name: _____ Grade: _____

Reference's Name: _____

Reference's Title: _____

Reference's Address: _____

City, State, Zip Code: _____

Contact Number: _____ 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 reference must place the reference in a sealed envelope and return by mail or in person to the following address by no later than **Friday October 31st**. Thank you!

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Adult Reference

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

Applicant's Name: _____ Grade: _____

Reference's Name: _____

Reference's Title: _____

Reference's Address: _____

City, State, Zip Code: _____

Contact Number: _____ 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: _____

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Peer Reference

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

Applicant's Name: _____ Grade: _____

Reference's Name: _____

Reference's Title: _____

Reference's Address: _____

City, State, Zip Code: _____

Contact Number: _____ 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: _____

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