

Bryant Mayor's Youth Advisory Council

Application

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

Application due by April 15, 2013 by 5 o'clock to:

City of Bryant

210 Southwest 3rd St.

Bryant, AR 72022

Email: bryant.myac@yahoo.com

Name:(last)	(first)	(middle)
		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).	
•	d characteristics that you posses	ss that would make you a good
• •		ss that would make you a good
•		ss that would make you a good
candidate to serve on the Bry	ant MYAC?	
candidate to serve on the Bry	ant MYAC? about you that would make you	a good candidate for the Bryant
Candidate to serve on the Bry 3. Give three interesting facts Mayor's Youth Advisory Cour	ant MYAC? about you that would make you	a good candidate for the Bryant
3. Give three interesting facts Mayor's Youth Advisory Cour	ant MYAC? about you that would make you cil.	a good candidate for the Bryant
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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:

Parental Consent:				
		to apply for the Mayor's You attending meetings, participating layor's Youth Advisory Council.		
Signature of Parent or Guardian		Date	<u> </u>	
Print Name of Parent o	r Guardian	Address		
Cell Number	Home Number	City, State, Zip Code		
Work Number	Email Address			
IF YOU HAVE ANY QUESTIONS PLEASE E-MAIL: bryant.myac@yahoo.com (DO NOT FILL OUT THE "MAYOR'S REVIEW"! OFFICE USE ONLY!) Mayor's Review:				
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Teacher Reference

(Any teacher, counselor, or principal	l 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 Appl	icant?
What is your relationship to the appl	licant?
Is the applicant dependable?	
Why would you recommend the app	licant for this position?
Signature:	Date:
	g address by no later than MONDAY, April 15, 2013. Thank you!
- -	Mayor's Youth Advisory Council City of Bryant 210 Southwest 3 rd Street Bryant, AR 72022

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Adult Reference

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

Applicant's Name:	
Reference's Name:	
Reference's Title:	
Reference's Address: City, State, Zip Code:	and/or Cell Phone:
How long have you known the App	plicant?
What is your relationship to the app	plicant?
Is the applicant dependable?	
Why would you recommend the ap	plicant for this position?
Signature:	Date:
	eting this reference <u>must place the reference in a sealed envelope and return</u> ng address by no later than MONDAY , April 15 , 2013 . Thank you!
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Peer Reference

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

Applicant's Name:	
Reference's Name:	
City, State, Zip Code:	and/or Cell Phone:
How long have you known the App	plicant?
What is your relationship to the ap	plicant?
Is the applicant dependable?	
Why would you recommend the ap	oplicant for this position?
Signature:	Date:
	eting this reference <u>must place the reference in a sealed envelope and return</u> ng address by no later than MONDAY , April 15 , 2013 . Thank you!
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