

Bryant Mayor's Youth Advisory Council

Application

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

Application due by April 18th, 2014 by 5 o'clock to:

City of Bryant

210 Southwest 3rd St.

Bryant, AR 72022

Email: dpoindexter@cityofbryant.com

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 s	erve on MYAC? (please be sp	pecific).
•		ı possess that would make you a good
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candidate to serve on the candidate to serve	facts about you that would ma	ake you a good candidate for the Bryant
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3. Give three interesting Mayor's Youth Advisory	facts about you that would ma	ake you 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:				
I give permission forto apply for the Mayor's Youth Advisory for the City of Bryant. If selected, I will support him/her in attending meetings, participating in community service projects and all functions related to the Mayor's Youth Advisory Council.				
Signature of Parent or Guardian		Date		
Print Name of Parent or Guardian		Address		
Cell Number	Home Number	City, State, Zip Code		
Work Number	Email Address			
IF YOU HAVE ANY QUESTIONS PLEASE E-MAIL: <pre>dpoindexter@cityofbryant.com</pre> (DO NOT FILL OUT THE "MAYOR'S REVIEW"! OFFICE USE ONLY!)				
Mayor's Review:				

Bryant Mayor's Youth Advisory Council

Teacher Reference

(Any teacher, counselor, or principal who have had in th	e past couple of years that can evaluated your abilities.)
Applicant's Name:	Grade:
Reference's Name:	
Reference's Title:	
Reference's Address:	
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	on?
Signature:	Date:
IMPORTANT: The person completing this reference median by mail or in person to the following address by no later	
Mayor's Youth A City of 210 Southwe Bryant, A	Bryant est 3 rd Street

Bryant Mayor's Youth Advisory Council

Adult Reference

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

Applicant's Name:	Grade:
Reference's Name:	
Reference's Addre	ss:
City, State, Zip Co	de:
Contact Number	and/or Cell Phone:
How long have you know	n the Applicant?
What is your relationship	to the applicant?
Is the applicant dependabl	e?
Why would you recommen	nd the applicant for this position?
Signature:	Date:
	on completing this reference <u>must place the reference in a sealed envelope and return</u> e following address by no later than MONDAY , April 18 , 2014 . 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:	
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 18 , 2014 . Thank you!
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