

**APPLICATION
CITY OF COLUMBUS, GEORGIA
YOUTH ADVISORY COUNCIL**

**A partnership between the City of Columbus and the Muscogee County
School District**

Please type or use black ink:

School (Present): _____

School (Next school year if different) _____

Name _____ **Present Grade:** _____

Address _____
City **State** **Zip**

E-Mail Address: _____
(Please type or print clearly)

Home Phone _____ **Emergency Number** _____

Emergency Contact _____

Organizations/clubs you are currently a member of _____

Employment _____

Hours available for volunteer work _____

Why do you want to be involved _____

Application Deadline: April 15

Include a letter of recommendation from an adult who has known you and can speak to your leadership potential and ability to manage the demands of both school and the Council.

SIGNATURES:

Student

I have read and understand the time commitment required for the YAC. I am able to make such a commitment for the year.

Student Signature

Date

School Officials:

I believe that this student has the ability to responsibly serve on the YAC.

School Official's Signature

Date

School Official Title

Parent/Legal Guardian Permission

I give my permission for _____ to seek
(Student's Name)
the position of representative to the YAC.

Parent/Legal Guardian

Date

T-Shirt Size: Adult – SM MED LG XL XXL

NOTE: Transportation to and from events will be required. Transportation assistance will be offered to those in need.

Please mail completed application to:

**City Manager's Office
C/O Youth Advisory Council
City of Columbus
P.O. Box 1340
Columbus, Georgia 31902
Phone: (706) 653-4029
Fax: (706) 225-3785**

**For information regarding the Youth Advisory Council, please contact:
Lisa Goodwin, Deputy City Manager (706) 653-4029
Melvin Blackwell, Assist Supt/Student Services (706) 748-2236**