



## Mayor's Youth Council Application

Applicant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade Level: \_\_\_\_\_

**Please list all activities (sports, clubs, fine arts, academics, etc) that you have participated in during the 2018-2019 school year or will participate in for the 2019-2020 school year.**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**What characteristics make you a good leader? In the activities listed above, do you hold a leadership position? If so, please specify.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Describe the last time you were a volunteer. Include your responsibilities and how you were able to contribute to the event. Include the name of the person who organized the event.**

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Sponsor: \_\_\_\_\_

**What programs would you like to see in our community, and what could you do to bring this program to the community?**

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**Why do you want to be a member of the Plymouth Mayor's Youth Council?**

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**Please include a letter of recommendation from an adult leader in our community. Parent letters are not acceptable; however, a letter from a teacher, coach, etc will be accepted. The letter and this application must be sent to either of the following:**

**124 N. Michigan Street  
Plymouth, Indiana 46563  
ATTN: Mark Senter**

**Or**

**[mayorsec@plymouthin.com](mailto:mayorsec@plymouthin.com)**

**Please list the name of your reference below:**

Name: \_\_\_\_\_

Email/Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Requirements:**

**The Mayor’s Youth Council is a highly active program in the community of Plymouth. Over the past few years, Mayor Mark Senter and the MYC have established a dominant position in the community. In order to maintain an active role in the community, requirements for the Mayor’s Youth Council have been set forth:**

- **Applicants must be enrolled in grades 7 - 12.**
- **Applicants must be committed to attending the required amount of meetings per year.**
  - \*Excused absences must be prearranged and approved by the President.**
- **New members must be an active member of the council for one year before holding a position.**

**By signing below, applicant agrees to the requirements listed above**

X \_\_\_\_\_

Full Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

City

State

Zip Code

**APPLICATION DUE: JUNE 1ST, 2019**

