TEEN COUNCIL APPLICATION

All students applying for a position on the youth council must reside in the "City of Tamarac". Application must be completed in full. Incomplete applications will not be accepted.

PRINT OR TYPE

Name:_____
First Last Middle Initial

Home Address:_____Email:_____

Home Phone:_____Cell Phone:_____

School Name:_____Current Grade:_____ G.P.A._____

COMMITMENT

The Youth Council will meet the Fourth Monday of each month from 6:00 p.m. – 7:30 p.m. Are you able to attend meetings on the scheduled days and times mentioned? _☐_Yes _☐_No

QUALIFICATIONS

Describe your experience and/or abilities which you feel can contribute to the Youth Council.

_____

_____

_____

COMMUNITY INVOLVEMENT

Please list all Community/Civic/School Organizations you belong to.

_____ _____ _____

_____ _____ _____

ACKNOWLEDGEMENT

I understand that in accordance with the Florida Sunshine Law, this information may be made public. I understand that all appointments are for voluntary, uncompensated service. I understand after three (3) absences from meetings you may be removed from the council. If selected, I agree to faithfully and fully perform the duties of my office and will comply with all laws and ordinances of the City, County, and State of Florida, particularly those pertaining to the conduct of public officials and the financial disclosure requirement.

Applicant Signature:_____Date:_____

Parent/Guardian Signature:_____Date:_____