



East Baton Rouge Parish Mayor's Youth Advisory Council

APPLICATION FORM

Name: _____ Current grade _____

School: _____

Home Address: _____

City: _____ Zip: _____ Telephone*: _____

Email address: _____

Meetings are held from 6-7:00pm on the first and third Tuesday of each month in the Metro Council Chambers at City Hall, 222 St. Louis Street (downtown). You must be able to attend **at least one evening a month.** Transportation will **not** be provided.

1. What do you view as the most critical issue facing youth in East Baton Rouge Parish and how should the Mayor's Youth Advisory Council address that issue?

2. Please rank the following topics on a scale of 1-5 (1 highest, 5 lowest) of issues that the Mayor's Youth Advisory Council should address.

- _____ Health and Wellness
- _____ Community Pride/Neighborhood Revitalization
- _____ Education
- _____ Safety Awareness/Violence Prevention
- _____ Other _____

**Note: Please provide a phone number where you can be reached, in the event we need to contact you during the application process.*

3. What type of project would you like to plan to address your two top ranked topic(s) listed in the previous question? *(Use a separate sheet of paper, if necessary)*

4. How would you implement a peer awareness campaign to promote healthy living among Baton Rouge youth?

5. Describe why you should be selected to be an Advisory Council member and what you hope to accomplish for other youth that you represent.

6. What qualities and skills can you bring to the Mayor's Youth Advisory Council?

7. After graduating from high school, what are your academic and/or career goals?

8. Have you ever been involved in any disciplinary action or illegal activities?
(Please circle) Yes No If yes, please explain in the space below.

9. If you could meet one person in Louisiana History, who would it be and why?

10. Please provide a list of awards, recognitions, community service and any other extracurricular activities. *(Use a separate sheet of paper, if necessary)*

Student must be nominated by a current member, Principal or a current teacher AND must include signature of student and parent.

Nominated by current MYAC Member:

MYAC member's signature

Date

Student’s Signature:

I understand the time commitment required for the Mayor’s Youth Advisory Council. I know that I must demonstrate appropriate conduct on the Council, in school, and the community. I also know the importance of academics. Therefore, I will implement effective time management strategies so that I will maintain or improve my G.P.A. while serving on the Council. I am able and willing to make such a commitment for the year.

Student’s signature

Date

Principal’s or Nominating Teacher’s Signature:

I believe that this student has the ability to responsibly serve on the Mayor’s Youth Advisory Council.

Principal’s signature

Date

Parent/Legal Guardian’s Signature

I give my permission for the above named applicant to seek the position as representative for the Mayor’s Youth Advisory Council.

Parent/Guardian’s signature

Date

The application must be received by **September 19, 2012** and may be mailed to:
Office of Mayor-President Melvin L. “Kip” Holden
c/o Kia Bickham
222 St. Louis Street, Suite 300
Baton Rouge, LA 70802
Faxed to: Kia Bickham at 389-5203 or emailed: kbickham@brgov.com