

**CITY OF FERRYSBURG
P.O. BOX 38
FERRYSBURG, MI 49409-0038**

YOUTH ADVISORY COUNCIL APPOINTMENT

Name: _____
Street Address: _____
City/State/Zip: _____
E-Mail Address: _____
Telephone: _____
School: _____
Grade: _____
Are you a City Resident: _____

What personal skills and characteristics do you possess that would make you a good representative for the Youth Council?

Background/Experience/Interests: _____

State why you are applying to be appointed, indicate any special qualifications and experience you have which would be beneficial to the appointment you are seeking. Also indicate any special concerns or issues which you perceive to be important regarding the appointment you are seeking (attach additional sheets if necessary):

Recommendations:

Include **one letter of recommendation** from an adult (other than a relative) who has known you and has worked with you either in school or in non-school related activities. The reference should speak to your character, integrity, leadership potential, your ability to follow through on commitments and your history of managing the demands of both school and extracurricular activities.

Student Signature:

I understand the time commitment required for the 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 and the necessity for me to maintain or improve my G.P.A. while serving on the Council. I am able and willing to make such a commitment for one year.

Student's Signature

Date

Parent/Legal Guardian's Signature:

I give my permission for the above named applicant to see the position as representative for the Youth Advisory Council.

Parent/Guardian's Signature

Date

(Return to: Ferrysburg City Clerk, 17290 Roosevelt Road, P.O. Box 38, Ferrysburg, MI 49409)