Fairburn Youth City Council Application



Dept. of Parks & Recreation

Last Name	First Name	MI
Home Phone	Cell Phone	
Email		
	XLXXL	
Home Address		
City	State	Zip
Name of School	Grade in Sc	hool (2023-2024)
Food Allergies/Special Food		
Parent(s) Guardian Name	Phone	
Parent (s) Guardian Name	Phone	
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(c)	In your experience, identify one challenging issue facing youth today. How does it affect your generation?
(d)	Please briefly explain your reasons for wishing to serve on the Fairburn Youth City Council

(e) Please include (2) letters of recommendation from an adult that can attest to your leadership potential.

Program Objectives:

- Communicate youth related issues to community leaders.
- Training for peers
- Services Projects
- Increase public speaking, and advice sharing.
- Leadership Development
- Recognize the value of active community involvement.
- Increase likelihood of future civic engagement

To successfully complete the City of Fairburn Youth Council, a participant must:

- Must be a resident of the City of Fairburn
- Must be a rising 9th -12th public, homeschool, or private.
- Must obtain and maintain a G.P.A of 2.5 or higher.
- Must provide transcript from school.
- Must have an interest in learning about local government.
- Must be free of any serious disciplinary infractions within the past five months.
- Must possess potential leadership skills.

- MUST be willing to participate in a 6-week monthly throughout the academic school year for duties, which will include meeting twice-monthly training before graduation * June 5th- July 17th*
- Must be willing to commit 10 hours per month.
- Must be willing to participate in a 6-week Summer Leadership Summit. This includes meeting every Monday, 10AM 2PM.

I agree to commit to the Code of Conduct and fulfill the attendance requirement as set by the Fairburn Youth Council.

Applicant's Signature	Date	
Fairburn Youth Council. I understand, acknow	oport his/her participation and commitment to the City of vledge, assume, and accept the risk that accidents may Youth Council. I, the undersigned, assume the risk for all Il events at Fairburn Youth Council.	
Parent/Guardian Printed Name		
Parent/Guardian Signature		
I confirm that the applicant has a minimum 2 Printed Name and Title of School Official	.5 GPA and can serve on the Fairburn Youth Council.	
Signature of School Official	Date	