City of Alexandria
Mayor’s Youth Council Application

The mission of the City of Alexandria Mayor’s Youth Council is to gather youth input on policy issues, to promote participation, to broaden youth leadership and to increase volunteerism. If you are interested in applying for membership, please complete the following application. Applicants must be a junior or senior at an Alexandria high school. ALL information must be completed in order to be considered.

Name: ___________________________________________ Age: ______________

School: ___________________________ Grade: ______________ GPA: __________

Home Address: ___________________________________________ Zip: ___________

Telephone: ___________________________ Cell Phone: __________________

E-Mail: _______________________________________________________________________

Parent/Guardian: _____________________________________________________________

The City of Alexandria does not discriminate based on race, ethnicity, sex, creed, national origin or disability. This demographic information is not required but requested to facilitate the City of Alexandria Mayor’s Youth Council goal of assembling a diverse group. Omitting the information will not negatively affect your application.

Race or ethnic group: ___ American Indian   ___ African American    ____ Asian     _____ White
___ Middle Eastern     _____ Hispanic

Other, please specify: ________________________

Gender: _____ Female    ______ Male   DOB: ____________ T-shirt size: _________

Please check all that apply:
_____ I am committed to attending the meetings and events.
_____ I have transportation to get to the meetings and events.
_____ I initiated my interest in being on the Mayor’s Youth Council.
_____ I was asked to apply.

By whom? ___________________________ Position: ___________________________

Organization or School: ___________________________________________________________
Why do you want to serve as a member of the City of Alexandria Mayor’s Youth Council? Feel free to add a sheet of paper.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

What are the three most important issues to you concerning your neighborhood?
1.__________________________________________________________________________

2.__________________________________________________________________________

3.__________________________________________________________________________

Please list any other activities you will be involved in during the school year. Include employment, sports, community, school and religious groups.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

What personal skills and characteristics do you possess that would make you a good representative on the Mayor’s Youth Council?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

If you could bring one thing to this city or change one thing, what would it be?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Are you willing to attend the meetings, events and activities of the Mayor’s Youth Council for one year and commit to making a difference in our city?  _____ Yes  _____ No
Please list two references with their phone numbers. You must also attach two letters of recommendations from these individuals. The letters must be no more than one page in length. Please include one letter from school based personnel (i.e. principal, counselor, teacher) and one letter from a community member who is familiar with you.

1. __________________________________________________________________________

2. __________________________________________________________________________

I understand the commitment required for the City of Alexandria Mayor’s Youth Council. I realize the importance of attending meetings, teamwork, proper conduct and cooperation. I am willing to make this commitment.

Student Signature: __________________________________________ Date: _______

Parent/Legal Guardian Permission: I give my permission for the above named applicant to seek membership on the Mayor’s Youth Council and I understand the commitments required.

Signature of Parent/Guardian: __________________________________________

Date: __________________

Emergency Telephone Number: __________________________________________

Emergency Cell Number: _________________________________________________

Name of emergency contact and relationship: _________________________________

Application deadline: November 6, 2020

For questions, call (318)449-5108

Mail to: City of Alexandria, Office of the Mayor
P.O. Box 71
Alexandria, Louisiana 71309