



**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 empower of its members to advocate for causes relevant to area youth, 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 high school student 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 base on race, ethnicity, sex, creed, national origin or disability. This information need not be provided. It is requested to facilitate the City of Alexandria Mayor's Youth Council goal of assembling a diverse group. Omitting the information will not 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 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. (Feel free to attach a word document if additional space is needed.)

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

(Feel free to attach a word document if additional space is needed.)

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.

(Feel free to attach a word document if additional space is needed.)

What personal skills and characteristics do you possess that would make you a good representative on the youth council. (Feel free to attach a word document if additional space is needed.)

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

(Feel free to attach a word document if additional space is needed.)

Are you willing to attend the meetings, events and activities of the 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 a one page in length. Please include one letter from your 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 name 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: September 27, 2024

For questions, call 449- 5225

Mail to: City of Alexandria, Office of the Mayor

P.O. Box 71

Alexandria, Louisiana 71309

Attn: Dr. Keith "Skip" Fox