



**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.

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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.

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What personal skills and characteristics do you possess that would make you a good representative on the youth council.

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

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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**