



Millcreek is forming a city Youth Council! Applicants must be Millcreek residents entering ninth through twelfth grades. The goal of the Millcreek Youth Council will be to teach Millcreek youth about municipal government and provide opportunities for community service in both formal and social settings. Youth Council members are expected to commit five to ten hours per month for service projects and Youth Council meetings.

The Millcreek Youth Council will help inform the Mayor and City Council of the needs and wishes of the youth in our City. In addition, the Council will assist with city-sponsored activities such as the Venture Outdoors festivals, Millfreaks in the Park, and the Easter egg hunt.

**Please return applications to City Hall, 3330 S. 1300 E.**

Name \_\_\_\_\_

Address \_\_\_\_\_

E-mail \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Grade you will be in 2018-2019 school year \_\_\_\_\_

School you will be attending in 2018-2019 \_\_\_\_\_

Do you have a valid Driver's License? Y N DL # \_\_\_\_\_

Do you have your own transportation? Y N

Parent/Guardian: Will you be able to help drive Youth Council members occasionally to activities or service projects? Y N

Emergency Contact(s)

Name	Phone	Relationship
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1.

2.

3.

I understand that participation in the Millcreek Youth Council is voluntary; however, the Youth Council advisor may disqualify or dismiss me from the Council if I am unable to demonstrate regular commitment to Youth Council by attending meetings, participating in service projects, volunteering for City special events and/or checking email for Youth Council announcements. I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE, AND THAT ANY MISSTATEMENT OR OMISSION OF MATERIAL MAY SUBJECT ME TO DISQUALIFICATION OR DISMISSAL.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/Guardian Approval to Participate in the Millcreek Youth Council 2018-2019**

I hereby give my permission for my son/daughter/ward to participate in the Millcreek Youth Council 2018-2019. \_\_\_\_\_ **Initial** I give permission for adult advisors to make any necessary emergency decisions during my child’s participation and assume full responsibility and liability for any and all expenses, damage, accident, illness, injury or medical expense of, and to, my child or property resulting from such participation. \_\_\_\_\_ **Initial**

I accept that my child may be included in photos/videos from Youth Council-related events that may be used to promote the Youth Council program and/or the city of Millcreek. \_\_\_\_\_ **Initial**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

We are excited for the opportunities this City Youth Council will provide for the youth of Millcreek. In order to have a successful program, we need the help and support of adult leaders. Would you or another adult family member be interested in helping as a Youth Council advisor this year? **Y N**

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Office Use Only: Date of Application _____
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