

# 2017-2018 APPLICATION

Please **mail**, **deliver** or **fax** completed applications to: MAYOR'S OFFICE, ATTN: KAREN L. RICHARDS 200 E. BERRY STREET, 4th Floor, FORT WAYNE, IN 46802 **Fax:** 260-427-1115

### AN APPLICANT MUST BE A CITY RESIDENT AND ENROLLED AS A SOPHOMORE-SENIOR FOR THE 2017-2018 SCHOOL YEAR.

- Application deadline is August 18, 2017
- Application must be completed in blue or black ink.
- No phone calls please.
- Finalists must take part in an in-person interview. Interviews will take place sometime in September.
- The Council will meet twice a month on Tuesdays and subsequently after the holidays, may meet more often due to any upcoming events.

\*\* PLEASE NOTE: NO INQUIRIES WILL BE ENTERTAINED DURING THE APPLICATION AND SELECTION PROCESS. \*\*

#### **MISSION STATEMENT:**

"To engage the youth of Fort Wayne with their community and local government"

#### **VISION STATEMENT:**

The Mayor's Youth Engagement Council's vision is to be a service-learning group comprised of youth members. The members provide a voice for the youth of Fort Wayne to local government by engaging their peers, creating innovative solutions, and performing service-learning projects.

"The youth of our community are the future of our city. We must not only provide them with an education and caring environment, but a way to create an atmosphere in which they would like to live."

# I. STUDENT INFORMATION

| Name:   |                        | Date of Birth:     |   |
|---|------------------------|--------------------|---|
| School:   |                        | Grade (Fall 2017): |   |
| Home Address:                                   |                        | City/Zip:          |   |
| Phone:  | E-Mail:                |                    |   |
| PLEASE NOTE: Do you have reliable transpo       | rtation to attend MYEC | meetings?YESNC     | 0 |
| What is your availability for interviewing if s | elected? Days &        | Time               |   |

#### PLEASE ANSWER THE FOLLOWING QUESTIONS TO THE BEST OF YOUR ABILITY. USE A SEPARATE PIECE OF PAPER IF NECESSARY.

What activities or commitments (excluding Mayor's Youth Engagement Council if selected) will you have after school hours, during 2017-18? (include employment, volunteer activities, clubs, athletics and extracurricular activities, etc.)

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

In your opinion, what is our community's most important issue or concern?

| Why do you want to be a part of MYEC and what | do you wish to accomplish?   |
|---|--|
|   |  |
|   | e and method of contact). The reference should be someor<br>as served as an advisor/leader of a school and/or communi<br>a part of while in high school. |
| Name:   | Phone:   |
| Email (optional)                              |  |
| Name:   | Phone:   |
| Email (optional)                              |  |

In your opinion, how can City Government and the Community address this issue or concern?

I HAVE READ AND UNDERSTAND THE APPLICATION FOR THE MAYOR'S YOUTH ENGAGEMENT COUNCIL. I ALSO KNOW THE IMPORTANCE OF TEAMWORK AND COOPERATION. I AM ABLE TO MAKE A 12-MONTH COMMITMENT TO THIS COUNCIL. MEETINGS ARE NORMALLY HELD TWICE A MONTH ON TUESDAYS STARTING AT 5:00-7:00 IN CITIZENS SQUARE. ONCE A PROJECT IS SELECTED, YOU MAY BE REQUIRED TO ATTEND MORE OFTEN, INCLUDING COMMITTEE MEETING. PLEASE KEEP THIS IN MIND BEFORE SUBMITTING AN APPLICATION!

Student Signature:\_\_\_\_\_\_Date:\_\_\_\_\_

## II. PARENT/GUARDIAN PERMISSION

In consideration of the opportunity for my child to participate in the City of Fort Wayne Mayor's Youth Engagement Council, I, the undersigned parent (s)/guardian(s) of the minor child,

(hereinafter "Minor Child") do hereby waive all claims, release, indemnify, defend and hold harmless the City of Fort Wayne and all of its officials, officers, agents, and employees, in both their public and private capacities, and all other participating sponsors and their employees and agents, for any and all liability, claims, suits, demands, or causes of action, including all expenses of litigation and/or settlement which are related to or arise by reason of injury to, or death or debt of any person, including but not limited to Minor Child, or for loss of, damage to, to loss of use of any property arising out of or in connection with the Program(s) related to or as a result of the act or omission of Minor Child.

In further consideration of Minor Child's participation in the Program(s) described herein, the undersigned agrees to release, defend, indemnify and hold harmless the City of Fort Wayne, its officials, officers, employees, heirs, successors and assigns, from and against any and all claims, demands, or causes of action, including claims for contribution or indemnity, and the reasonable and necessary costs, including attorney's fees, incurred in the defense of any and all such claims that the Minor Child has or may have arising out of , related to, or resulting from the aforementioned Program(s) which allegedly occurred because of such Minor Child's participation in the Program(s).

I agree that City, its officials, employees, agents, and representatives have the authority to use pictures of my child taken during my child's participation in the Mayor's Youth Engagement Council. The pictures may be taken and used without my knowledge or payment to me.

Date

Student Signature

Date

Telephone number in case of emergency: \_\_\_\_\_

Name of emergency contact and relationship to youth:

## Application Deadline is August 18, 2017

#### Your completed application should only include the following:

- 1. Student Information2. Short Answer3. Two References4. Parent/Guard
  - 4. Parent/Guardian Signed Permission

# **Voluntary Affirmative Action Information** (Completion of Information Below is Voluntary)

We consider all applicants without regard to race, color, religion, gender, sexual orientation, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or disability, or any other legally protected status.

| APPLICANT'S NAME  |        |                            | .( )                         |
|---|--------|----------------------------|------------------------------|
| LAST  | FIRST  | MIDDLE                     | AREA CODE PHONE              |
| ADDRESS   |        |                            |                              |
| STREET  | CITY   | STATE                      | ZIP CODE                     |
| <u>REFERRAL SOURCE</u> :  |        |                            |                              |
| CITY OF FORT WAYNE WEBSITE  |        |                            |                              |
|   |        |                            |                              |
| OTHER NAME OF SOURCE (IF APPLICABLE)  |        |                            |                              |
| In an effort to comply with requirements regardi you complete this applicant data survey. Your co |        | g, reporting and other leg | gal obligations, we ask that |
| CHECK ONE:  |        |                            |                              |
|   |        |                            |                              |
| CHECK ONE OF THE FOLLOWING RACE / ETHNIC G  | ROUPS; |                            |                              |

|               | HISPANIC or LATINO |              | TWO or MORE RACES (not Hispanic or Latino)          |
|---------------|--------------------|--------------|---|
| N INDIAN OR A | LASKAN NATIVE      | NATIVE HAWAI | AN OR OTHER PACIFIC ISLANDER (not Hispanic or Latin |

# The City of Fort Wayne is an Equal Employment Opportunity Employer