

MAYOR THOMAS C. HENRY CITY OF FORT WAYNE MAYOR'S YOUTH ENGAGEMENT COUNCIL

2023-2024 APPLICATION

Please **mail**, **email**, **fax**, or **drop off** at the address shown below, completed applications: *MAYOR'S OFFICE*, *ATTN: KAREN L. RICHARDS – Mayor's Youth Engagement Council 200 E. BERRY STREET*, *4th Floor*, *FORT WAYNE*, *IN 46802* **Email:** <u>Karen.Richards@cityoffortwayne.org</u> **Fax:** 260-427-1115

AN APPLICANT MUST BE A CITY RESIDENT AND ENROLLED AS A SOPHOMORE-SENIOR FOR THE 2023-2024 SCHOOL YEAR.

- Accepting Applications NOW.
- Application deadline is <u>July 21st, 2023</u> with interviews to follow.
- No late applications accepted.
- Application must be completed in blue or black ink (if not typed).
- No phone calls, please.
- Finalists must take part in an in-person interview.
- The Council normally meets twice a month on Tuesdays, excluding holidays. MORE MEETINGS MAY BE REQUIRED, including off-site committee meetings.
- Attendance is crucial for the program's success; students may NOT miss more than three meetings.

MISSION STATEMENT:

"To engage the youth of Fort Wayne with their community and local government." -Mayor Tom Henry

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 provide them with an education and caring environment and a way to create an atmosphere in which they would like to live."

I. STUDENT INFORMATION

Name:	Date of Birth:
School:	Grade (Fall 2023):
Home Address:	City/Zip:
Phone: E-Mail:	
PLEASE NOTE: Do you have reliable transportation to attend MYEC meeti	ngs?YesNo,
What is your availability for interviewing if selected? Days & Time	
PLEASE ANSWER THE FOLLOWING QUESTIONS TO THE BEST OF YOUR ABILITY. USE A SEPA	ARATE PIECE OF PAPER IF NECESSARY.
What activities or commitments (evoluting Mover's Vouth Engagement)	Council if colocted) will you have after

What activities or commitments (excluding Mayor's Youth Engagement Council if selected) will you have after school hours during 2023-24? (include employment, volunteer activities, clubs, athletics, extracurricular activities, etc.)

What personal skills and characteristics would make you a good representative for the Mayor's Youth Engagement Council? (Please respond in a *full sentence*)

In your opinion, what is our community's most important issue or concern? (Please respond in a full sentence)

2 APPLICATION DEADLINE IS July 21st, 2023

In your opinion,	how can City	Government and	d the Community	/ address this is	ssue or concern?	(Please respond in a
full sentence)						

Why do you want to be a part of MYEC, and what do you wish to accomplish? (Please respond in a *full sentence*)

Please list two non-family adult references (name and method of contact). The reference should be someone familiar with your background and who has served as an advisor/leader of a school and/or community-related organization or club you have participated in while in high school.

Name:	_Phone:
Email (optional)	
Name:	Phone:
Email (optional)	

I HAVE READ AND UNDERSTAND THE APPLICATION FOR THE MAYOR'S YOUTH ENGAGEMENT COUNCIL. I ALSO KNOW THE IMPORTANCE OF TEAMWORK AND COOPERATION. I CAN 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 MEETINGS. 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 liability, claims, suits, demands, or causes of action, including all expenses of litigation and/or settlement which are related to or arising 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 claims, demands, or causes of action, including claims for contribution or indemnity, and the reasonable and necessary costs, including attorney's fees, incurred in 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 photos may be taken and used without my knowledge or payment to me.

Parent or Guardian Signature	Date	
 Student Signature	Date	
Telephone number in case of emergency: _		
Name of emergency contact and relationsh	ip to youth:	

The application Deadline is July 21st, 2023Your completed application should only include the following:1. Student Information2. Short Answer3. Two References4. Parent/Guardian Signed Permission

Voluntary Affirmative Action Information

(Completion of the 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.

DATE:	//			
APPLICANT'S	S NAME. ()	- FIRST	MIDDLE	AREA CODE PHONE
ADDRESS				
_	STREET	СІТҮ	STATE	ZIP CODE
<u>REFERRAL</u>	.SOURCE:			
	ORT WAYNE WEBSITE			
	1			
	NAME OF SOURCE (IF APPLICAB	LE)		
	you complete this applicant data gal obligations. Your cooperatior		nents regarding governme	nt recordkeeping, reporting
<u>CHECK ONE</u> : MALE	FEMALE			
<u>CHECK ONE</u>	OF THE FOLLOWING RACE / ETHNI	·	WO or MORE RACES (not H	lispanic or Latino)
	AN INDIAN OR ALASKAN NATIVE	NATIVE HAWAIIAN OR	OTHER PACIFIC ISLANDER (I	not Hispanic or Latino)

The City of Fort Wayne is an Equal Employment Opportunity Employer