



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: Karen.Richards@cityoffortwayne.org
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 **July 21st, 2023** 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 meetings? _____YES _____NO,

What is your availability for interviewing if selected? 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 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*)

In your opinion, how can City Government and the Community address this issue 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: _____

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 NAME. (____) _____
LAST FIRST MIDDLE AREA CODE PHONE

ADDRESS _____
STREET CITY STATE ZIP CODE

REFERRAL SOURCE:

- CITY OF FORT WAYNE WEBSITE ADVERTISEMENT EMPLOYEE
 RELATIVE SCHOOL COUNSELOR FRIEND
 OTHER NAME OF SOURCE (IF APPLICABLE) _____

We ask that you complete this applicant data survey to comply with requirements regarding government recordkeeping, reporting, and other legal obligations. Your cooperation is appreciated.

CHECK ONE:

- MALE FEMALE

CHECK ONE OF THE FOLLOWING RACE / ETHNIC GROUPS;

- WHITE BLACK HISPANIC or LATINO ASIAN TWO or MORE RACES (not Hispanic or Latino)
 AMERICAN INDIAN OR ALASKAN NATIVE NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER (not Hispanic or Latino)

The City of Fort Wayne is an Equal Employment Opportunity Employer