



MAYOR THOMAS C. HENRY

# CITY OF FORT WAYNE

## MAYOR'S YOUTH ENGAGEMENT COUNCIL

### 2024-2025 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, 4<sup>th</sup> Floor, FORT WAYNE, IN 46802*  
Email: [Karen.Richards@cityoffortwayne.org](mailto:Karen.Richards@cityoffortwayne.org)  
Fax: 260-427-1115

**AN APPLICANT MUST BE A CITY RESIDENT AND ENROLLED AS A SOPHOMORE-SENIOR FOR THE 2024-2025 SCHOOL YEAR.**

- Accepting Applications **NOW**.
- Application deadline is **July 19<sup>th</sup>, 2024** 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 2024): \_\_\_\_\_

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 2024-25? (include employment, volunteer activities, clubs, athletics, extracurricular activities, etc.)

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

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

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

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

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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 relationship to youth: \_\_\_\_\_

**The application Deadline is July 19<sup>th</sup>, 2024**

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

1. Student Information	2. Short Answer
3. Two References	4. 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 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**