## **2019-2020 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 2019-2020 SCHOOL YEAR.

- Accepting Applications NOW.
- Application deadline is August 2, 2019 with interviews to follow up to August 26, 2019.
- 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."

1. STUDENT INFORMATION	
Name:	Date of Birth:
School:	Grade (Fall 2019):
Home Address:	City/Zip:
Phone: E-Mail:	
PLEASE NOTE: Do you have reliable transportation to attend	MYEC meetings?YESNo
What is your availability for interviewing if selected?	ays & Time
PLEASE ANSWER THE FOLLOWING QUESTIONS TO THE BEST OF YOUR ABILIT	ry. Use a separate piece of paper if necessary.
What activities or commitments (excluding Mayor's Youth Erschool hours, during 2019-20? (include employment, volunt activities, etc.)	, ,
What personal skills and characteristics do you possess that	t would make you a good representative for the
Mayor's Youth Engagement Council?	
In your opinion, what is our community's most important issu	ue or concern?

In your opinion, how can City Government and the Community address this issue or concern?				
Why do you want to be a part of MYEC and what do you wi	ish to accomplish?			
Please list two non-family adult references (name and met who is familiar with your background and who has served related organization or club that you have been a part of w	as an advisor/leader of a school and/or community hile in high school.			
Name:	Phone:			
Email (optional)				
Name:	Phone:			
Email (optional)	_			
I HAVE READ AND UNDERSTAND THE APPLICATION FOR THE MAYOR'S YOO OF TEAMWORK AND COOPERATION. I AM ABLE TO MAKE A 12-MONTH HELD TWICE A MONTH ON TUESDAYS STARTING AT 5:00-7:00 IN CITAR REQUIRED TO ATTEND MORE OFTEN, INCLUDING COMMITTEE MEET APPLICATION!	H COMMITMENT TO THIS COUNCIL. <b>M</b> EETINGS ARE NORMALLY TIZENS <b>S</b> QUARE. <b>O</b> NCE A PROJECT IS SELECTED, YOU MAY BE			
Student Signature:	Date:			

### II. PARENT/GUARDIAN PERMISSION

In consideration of the opportunity for m	v child to particir	pate 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).						
	on in the Mayor	esentatives have the authority to use pictures of my 's Youth Engagement Council. The pictures may be				
Parent or Guardian Signature	- Date					
Student Signature	- Date					
Telephone number in case of emergency:	<u></u>					
Name of emergency contact and relations	ship to youth:					
Applia	cation Deadline i	s August 2, 2019				

## 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 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	FIRST	MIDDLE	AREA CODE PHONE				
ADDRESS	FIRST	MIDDLE	AREA CODE PHONE				
STREET	CITY	STATE	ZIP CODE				
REFERRAL SOURCE:							
☐ CITY OF FORT WAYNE WEBSITE	☐ ADVERTISEMENT	□ EMPLOYEE					
□RELATIVE	$\square$ SCHOOL COUNSELOR	FRIEND					
□OTHER NAME OF SOURCE (IF APPLICABLE)							
In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations, we ask tha you complete this applicant data survey. Your cooperation is appreciated.							
CHECK ONE: □MALE □FEMALE							
CHECK ONE OF THE FOLLOWING RACE / ETHNIC GROU		WO or MORE RACES (not H	ispanic or Latino)				
☐ AMERICAN INDIAN OR ALASKAN NATIVE	□NATIVE HAWAIIAN OR C	THER PACIFIC ISLANDER (n	ot Hispanic or Latino)				

The City of Fort Wayne is an Equal Employment Opportunity Employer