



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

**2016-2017 APPLICATION**

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

**AN APPLICANT MUST BE A CITY RESIDENT AND ENROLLED AS A SOPHOMORE-SENIOR FOR THE 2016-2017 SCHOOL YEAR.**

- Application deadline is September 6, 2016
- 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 2016): \_\_\_\_\_

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 2016-17? (include employment, volunteer activities, clubs, athletics and extracurricular activities, etc.)

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

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

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

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Why do you want to be a part of MYEC and what do you wish to accomplish?

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Please list two non-family adult references (name and method of contact). The reference should be someone who is familiar with your background and who has served as an advisor/leader of a school and/or community related organization or club that you have been a part of 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 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: \_\_\_\_\_



# 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 \_\_\_\_\_ . (\_\_\_\_\_) \_\_\_\_\_  
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) \_\_\_\_\_

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations, we ask that you complete this applicant data survey. 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**