



CITY of JACKSON YOUTH COUNCIL,

APPLICATION

Fall 2020

**161 W. Michigan Ave, Jackson, MI 49201
Phone: (517) 788-4167 Fax: (517) 768-5820**

Thank you for your interest in serving as a student representative on an advisory board or commission. This application will be kept on file for one year. The file of completed applications is open for public inspection upon request. In addition to your completed application, please attach one letter of recommendation and an essay of 300 words or less indicating your reasons for desiring to serve the City of Jackson as a student representative on the City of Jackson Youth Council

Date: _____

Name: _____
Last First MI

Address: _____
Zip

Home Phone: _____ E-mail: _____

Parents/Legal Guardian: _____

School: _____ Current Grade: _____ Graduating Year: _____

In order of familiarity (with one being highest), rank the local city boards and commissions for which you know about locally:

_____ **Jackson City Council**

_____ **City of Jackson Human Relations Commission**

_____ **Jackson Youth Action Committee**

Please provide one teacher reference below:

Teacher Reference: _____
 Name _____ Phone _____
 School _____ E-mail address _____

Please list all academic, extra curricular activities, or work commitments below by including the time required for each activity every day of the week: (include practices, lessons, meetings, etc...)

Example:

Activity	M	T	W	Th	F	S	Total
Jackson Youth Council	7:00pm-8:30pm						1.5 hrs

List your weekly time commitments here: (Attach additional sheet if necessary)

Activity	M	T	W	Th	F	S	Total

I understand the responsibilities involved with participation on the City of Jackson Youth Council, Boards and Commissions (including required meeting attendance, event participation and sub-committee involvement). If an appointed member of the Youth Council accumulates 3 unexcused absences for mandatory events or regularly scheduled meetings throughout the year, they will no longer be able to serve on the Youth Council.

Furthermore, I give permission for my son/daughter _____
 To apply for and participate, if appointed.

 Parent or legal guardian signature

 Date

 Applicant's signature

 Date

Please return the completed application, a letter of recommendation, and an essay of 300 words or less indicating reasons for desiring to serve the City of Jackson by November 13, 2020 at 5:00pm to:

**Jackson City Clerks Office
 161 W. Michigan Ave.
 Jackson, MI 49201**

(NOTE: Due to COVID RESTRICTIONS, applications may be emailed to: hrc@cityofjackson.org)