



## 2017-2018 Salisbury Youth Council Application

The mission of the City of Salisbury Youth Council is to enhance, and strive for a more positive community that is youth friendly, inclusive and diverse, fair and equal, a livable community for future generations and provide quality services for all citizens.

If you are interested in applying for membership to this Council, please complete and turn in the following application by 5:00 p.m. Monday, February 27, 2017. Completed applications should be submitted by mail or hand delivered to: City of Salisbury Human Resources, Attn: Souwan Kiengkham, 132 N. Main St. 2<sup>nd</sup> Floor Salisbury, NC 28144.

### Applicant Qualifications:

- **MUST** be a resident of Rowan County
- **MUST** be entering grades 9, 10, 11 or 12 for the 2017-2018 school year
- **MUST** maintain a GPA of 2.75 or better

Please print clearly. You may attach additional sheets if necessary.

All information must be completed in order to be considered for the Salisbury Youth Council.

NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_  
SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_  
PARENT/GUARDIAN: \_\_\_\_\_  
PARENT/GUARDIAN EMAIL: \_\_\_\_\_



What are the three most important issues to you, your friends and your family concerning your community?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Please list any other activities you will be involved in during your school year. Include employment, sports, community, school and religious groups.

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What personal skills and characteristics do you possess that would make you a good representative?

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If you could bring one thing to the City of Salisbury or change one thing, what would it be? How would you lead a project that focused on enhancing our community?

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References:

Please list two adult references that are not related to you, and their phone numbers. They can be your school principal, guidance counselor or teacher, or community leader who is familiar with you. Attach a recommendation form from each individual.

1. \_\_\_\_\_ Phone: \_\_\_\_\_
2. \_\_\_\_\_ Phone: \_\_\_\_\_

*I understand the commitment for the City of Salisbury's Youth Council. I also realize the importance of teamwork and cooperation and I am willing to make this commitment.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent / Legal Guardian Permission

I give my permission for \_\_\_\_\_ to seek the position of representative on the Salisbury Youth Council.

Signature of Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact Information:

Name: \_\_\_\_\_ Phone 1: \_\_\_\_\_

Relationship to youth: \_\_\_\_\_ Phone 2: \_\_\_\_\_



## Salisbury Youth Council Recommendation Form – 2017-2018

Name of youth: \_\_\_\_\_

How long have you known the applicant?

Relationship to applicant:

Scale 1-5 (5 being the best)

Leadership Ability	1	2	3	4	5
Ability to balance school and YC	1	2	3	4	5
Level of respect	1	2	3	4	5
Level of cooperation	1	2	3	4	5
Punctuality	1	2	3	4	5

Please indicate any additional comments that would assist in the selection process:

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Please provide us with your contact information below:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_



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