



Virg Bernero, Mayor

MAYOR'S YOUTH COUNCIL MEMBERSHIP APPLICATION 2016

Name: _____ Age: _____

School: _____ Grade: _____

Home Address: _____ Zip Code: _____

Telephone: _____ Cell Phone: _____

E-mail: _____

Parent/Guardian: _____

Additional Information: _____

Will you need assistance with transportation to the meetings? Yes No Possibly

Why do you want to become a member of the Mayor's Youth Council? (Feel free to attach an additional sheet of paper)

Please list any extracurricular activities you are involved in at your school or in your community.

What are the three most important issues to you concerning the City of Lansing?

1) _____

2) _____

3) _____

If you could make one change in the community that surrounded the youth population, what would you change?

Are you able to attend the meetings and all activities associated with the Mayor's Youth Council for at least the next year?

Yes_____ No_____

I have read the information letter and understand the commitment necessary to be a part of the Mayor's Youth Council. I understand the importance of working as a team and respecting all members of the Council.

Student Signature: _____ Date: _____

I give permission for my child to become (if selected) a member of the Mayor's Youth Council.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian(s) Name (Printed):

Emergency Contacts

1). Name: _____ Phone Number: _____ Relation: _____

2). Name: _____ Phone Number: _____ Relation: _____

3). Name: _____ Phone Number: _____ Relation: _____

Contact Information:
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