

**Starkville Mayor's Youth Council Application**

**\*\*Incomplete applications will not be considered**

The purpose of the Mayor's Youth Council to provide a voice for youth while organizing productive community projects, promoting youth engagement in government affairs, and acting as a resource for the City of Starkville and city organization upon request.

Name \_\_\_\_\_ Date \_\_\_\_\_

Home Phone # \_\_\_\_\_ Teen Phone Line \_\_\_\_\_

Phone numbers will be used for the purpose of setting up an interview. Interviews are the second part of the Mayor's Youth Council Application.

Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

**\*\*Why do you want to be involved in the Mayor's Youth Council?**

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**\*\*List all organizations or clubs of which you are currently a member (in and out of school).**

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**If accepted to Mayor's Youth Council, I am aware of the following requirements:**

1. An induction ceremony at City Hall
2. A team building retreat
3. 15 hours of community service
4. Two meetings per month (TBA)
5. Committee Meetings

I agree to conduct myself as properly befitting a representative of my city and abide by all guidelines of the Council. I realize that an appointment to the Mayor's Youth Council is a **one year commitment**. I am able to make such a commitment.

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

I give my permission for the above named applicant to seek a position on the Mayor's Youth Council and I have read and understand the commitments required for the Council.

Parent/Legal Guardian Signature: \_\_\_\_\_

Please return application by August 15 to:

City of Starkville

Mayor's Youth Council

101 Lampkin Street

Starkville, MS 39759

If you have any questions,

Please contact:

Mayor's Office

662-323-2525, ext. 100

[myc@cityofstarkville.org](mailto:myc@cityofstarkville.org)