

Mayor's Youth Council (MYCity) City of Hopkinsville, KY

PROGRAM DESCRIPTION & REQUIREMENTS

Initiated by Hopkinsville Mayor Carter M. Hendricks, the **Mayor's Youth Council** is a new student advisory group known as **MYCity**. High school students from Christian County public, private, and home schools are invited to serve on the Council or get involved with Council-led projects. Through the group, the city aims to provide a voice for area teens, afford them the opportunity to address issues that affect our community, and offer solutions and or ideas to the local governing body.

MYCity's mission is to engage our youth and to equip, inspire, and mobilize them to take action that better the community.

Requirements – Applicants must be:

- ❖ Christian County residents
- ❖ Entering Juniors or Seniors by Fall 2017
- ❖ Available for a one-year commitment
- ❖ Committed to attending and participating in orientation, special events, and monthly meetings (including at least one meeting per summer)

APPLICATION INSTRUCTIONS

Use the following checklist to be certain that all requested information has been provided. Make a copy of your complete application, including these instructions, for your personal records before submission to the City. All application materials must be typed or printed legibly in ink.

Each complete application package must include the student's:

- | | |
|---|--|
| <input type="checkbox"/> completed application form | <input type="checkbox"/> two (2) letters of recommendation |
| <input type="checkbox"/> personal essay | <input type="checkbox"/> photograph |
| <input type="checkbox"/> signed parental consent form | |

Incomplete application packages will not be considered. Complete application packages, including all required documentation, **must be received no later than 4:30 p.m. on Thursday, August 31, 2017**, at the City of Hopkinsville, Attn: Mayor's Youth Council, 715 South Virginia Street, Hopkinsville, KY 42240.

Application finalists meeting all program requirements may be offered a personal interview. If an interview is offered, it will be conducted **September 5th through the 8th**. Council selection notices will be sent to all applicants by **September 12th**. Selected applicants will receive additional information and instructions at that time. **A mandatory orientation will be held on Saturday, September 30, 2017.**

Any questions related to **MYCity** should be directed to Idalia Luna by e-mail at idalia.luna@hopkinsvilleky.us or by phone at 270-890-0239. **MYCity** application forms are also available for download at www.hoptown.org/mayor.

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APPLICATION

All applications must be typed or printed legibly in ink.

Today's Date _____

Fall Grade Level: (circle one) 11th 12th

Last Name: _____ First Name: _____

Home Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Phone #: (_____) _____ Length of residence in Christian Co.: _____

Email Address _____

Which school do you attend? (circle one) CCHS HCA HHS UHA HOMESCHOOL

List school and community involvement (ex. club memberships, leadership positions, teams).

Indicate special awards and recognition.

List your computer skills/program knowledge.

List any community events or programs that you have helped establish, implement, or support.

Attach a brief personal essay (300 words maximum) about why you should be selected as a Mayor's Youth Council member. Please indicate what youth-oriented community issue you care most about and how you would help address the issue.

Do Not Write In Box Below

City of Hopkinsville: ___ Accept ___ Do Not Accept ___ Waitlist

Parental Consent: Yes ___ No ___ LoR: Yes ___ No ___ Essay: Yes ___ No ___

COH Interviewer(s): _____

Site Liaison: _____



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A **parent** or **legal guardian** of any student applying to participate in this program must read this form, sign it, and return it to the City of Hopkinsville with the student's application package no later than **August 31, 2017**.

I authorize my child to participate in the **Mayor's Youth Council** (MYCity) and grant school officials permission to provide a current educational transcript, which I understand may be considered during the selection process.

I am aware that this is a highly competitive program with a limited number of openings. If extended an offer, my son/daughter agrees to participate and commits to the class appropriate term (one year for seniors and two years for juniors). I understand that my student's commitment and consistent participation in meetings and events is essential to making MYCity a successful student-led organization.

I understand my son/daughter must have email and phone access for the program. I understand my son/daughter must remain in compliance with all electronic device acceptable use and confidentiality policies.

I authorize the city to photograph my son/daughter and to publish those photographs and student comments on the city's website and/or in other publications.

I understand that my son/daughter will be responsible for his/her own transportation to and from all MYCity related activities and events.

I have reviewed and concur with the information provided by my son/daughter in completing the application materials and will attest to its accuracy and truthfulness.

I hereby release and hold the City of Hopkinsville harmless as well as its employees and volunteers from all liability for any accidents, injuries, or harm that may occur while engaged in such travel or otherwise participating in the program.

I, _____ (parent/legal guardian's full name), am the
lawful parent or legal guardian of _____ (son/daughter's full
name) and, therefore, am authorized to grant this permission.

Parent/Guardian's Signature

Date

Mailing Address

Apt.

City

State

Zip Code

Home Phone

Work Phone

Mobile Phone

