

CITY OF LAKE CHARLES MAYOR'S YOUTH PARTNERSHIP OFFICE OF THE MAYOR

The Mayor's Youth Partnership is looking for youth that are interested in serving in an advisory capacity to the Mayor of Lake Charles. This partnership will be comprised of youth from area middle and high schools from grades 8 – 12. Youth will be advising on areas such as but not limited to:

- Youth issues and needs along with programs that they would like to see established;
- Evaluate the current programs and services offered to youth throughout the city;
 and
- Make recommendations to both the Mayor and to the community concerning projects, programs and activities.

Youth applying should have an interest and insight concerning the needs of youth and the community with a willingness to devote time and energy to the Partnership.

Service to the Partnership is voluntary in nature.

Nomination does not guarantee acceptance. All nominees will participate in an interview process.

Timeline:

Applications Distributed: Monday, April 1, 2024 Applications Due: Tuesday, April 30, 2024 Selection Notifications Issued: Friday, May 3, 2024 Member Orientation: Tuesday, May 28, 2024

PLEASE RETURN THE ENTIRE NOMINATION PACKET BY TUESDAY, APRIL 30, 2024.

By Mail: Office of the Mayor Attention: Katie Harrington P.O. Box 900 Lake Charles, LA 70602-900

By Email: <u>katie.harrington@cityoflc.us</u>

ITY OF LAKE CHARLES MAYOR'S YOUTH PARTNERSHIP OFFICE OF THE MAYOR

STUDENT APPLICATION

| ST | TUDENT: | | |
|----|--|--|--|
| SC | CHOOL: PHONE: | | |
| GR | RADE: AGE: | | |
| HC | OME ADDRESS: | | |
| HC | OME PHONE: | | |
| PA | ARENT/GUARDIAN: | | |
| | PLEASE PLACE A CHECK BY THE STATEMENTS THAT APPLY TO THE STUDENT | | |
| | □ The student is dependable. □ The student will have the time to attend monthly Partnership meetings and events. Meetings are typically held on the 3rd Thursday of each month at 5:30 p.m. A full schedule will provided at the first meeting. □ The student has insight into the youth community. □ The student is well respected by his/her peers. | | |
| | INSTRUCTIONS FOR APPLICATION: 1. Please attach a letter of recommendation from an adult who is well acquainted with the student. This person should not be a relative. | | |

2. Please complete the questionnaire on the following pages.

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IN THE SPACE PROVIDED BELOW, PLEASE ANSWER THE FOLLOWING QUESTIONS:

(If additional space is needed, please use only the back of this form)

| Why would you like to serve on the Mayor's Youth Partnership? | | |
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| What personal skills and characteristics do you possess that would make you a good representative the Mayor's Youth Council? | | |
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| If you could bring one thing to the City of Lake Charles or change one thing, what would it be? | | |
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| What are the three most important issues to you concerning your neighborhood? | | |
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IN THE SPACE PROVIDED BELOW, PLEASE ANSWER THE FOLLOWING QUESTIONS:

(If additional space is needed, please use only the back of this form)

| What are your hobbies and interests? | | |
|---|--|--|
| What types of leisure activities would you like to see implemented in our community? | | |
| How would you address the issues of | | |
| 1. Violence/crime? | | |
| 2. Drug abuse? | | |
| 3. Alcohol abuse? | | |
| Please list any extracurricular activities/groups for which you are currently involved. | | |
| | | |
| I am willing to attend the meetings, events and activities of the Mayor's Youth Partnership for one year and commit to making a difference in our city. | | |
| SIGNATURE:DATE: | | |

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Parent/Legal Guardian Permission: I give my permission for the above named applicant to seek membership on the Mayor's Youth Partnership and I understand the commitments required.

| Signature of Parent/Guardian: | | |
|---|---|--|
| Date: | _ | |
| Emergency Telephone Number: | | |
| Emergency Cell Number: | | |
| Name of Emergency Contact and Relationship: | | |

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