Application for Membership 2024-25

Florence Area Mayor's Youth Council

Write or type neatly.

Name:	Nickname:	
Home Address:		
Home Telephone:	Cell: Date of	Age:
Email Address:	Date of	f Birth:
Parent or Guardian Names, Phone	& Email:	
Grade and/or school you will be att	tending 2024-25	
Why do you wish to be considered	for membership on the Council?	
	or's Youth Council states that only three ou from following policy?	
Youth Council?	cations do you have that would be usefu	<u> </u>
Applicant Commitment: The Youth	, please discuss the issues concerning you h Council requires attendance at its mee hate in the Florence Mayor's Youth Counc	ting and participation in community
meeting and participate in projects participate in service projects could Exceptions will rarely be made with each month at 4:00 p.m.	s selected by Council. I understand that in the selected by Council. I understand that in the selection approval of the sponsor. Meetings are	failure to attend meetings and This includes sports and illness. held on the first Wednesday of
Appli	cant's Signature:	
program. I understand that if my sidropped from the Council. This incof the sponsor.	al and the applicant has my support and tudent misses more that 3 of the 8 meet ludes sports events or illness. Exception	tings, he or she will probably be

To Submit Application:

Please mail, hand deliver or email this completed form by August 16th, 2024.

 $\label{eq:mailto:concil} \textit{Mail} \ \textit{to: City of Florence Attn: Mayor's Youth Council PO Box 187, Florence MS 39073}$

Email to: dpclerk1@gmail.com

You may also leave your application at the drive through window at City Hall, 203 College St, Florence. For additional information, please email Becky Cleveland at dpclerk@gmail.com or call 601-845-3542.