

# Youth Council Application

### **About the Pensacola Youth Council**

The Pensacola Youth Council aims to engage area youth and provide opportunities to discover how the executive and legislative branches of government function within The City of Pensacola and to increase political and civic participation for years to come. This experience seeks to enrich participants' academic knowledge by providing hands-on opportunities to work with Pensacola City Council and City staff to affect change in Pensacola.

The Pensacola Youth Council is open to high school students and will run from October 2021 through May 2022.

To be considered for the Pensacola Youth Council, students must meet the following the requirements:

- Be a high school student in Pensacola or Escambia County, Florida during the 2021-2022 academic school year.
- Submit a complete application by the Friday, Sept. 24 deadline.

Please print clearly in blue or black ink. The entire application must be complete by the due date for consideration for the position.

#### **Disclaimer:**

The position you are applying for is competitive and will require active involvement and serious commitment throughout the program. Participation will require after-school, evening, and weekend sessions that include, but are not limited to Pensacola City Council meetings, meetings with the Mayor and designated City staff, educational opportunities, and more. City residents who attend Pensacola and Booker T. Washington High Schools will be given preference, but all students are encouraged to apply.

Contact Kelsey D. Powell via email at **kpowell@cityofpensacola.com** for additional information or with any questions.

The application is due **Friday**, **Sept. 24**, **2021**, **at 4 p.m**. and notification of appointment will be made by **Friday**, **Oct. 1**, **2021**. Please mail or hand-deliver completed applications to:

Neighborhood Services City of Pensacola 222 W. Main Street Pensacola, FL 32502



## Youth Council Schedule of Activities\*

Monday, Oct. 11 8 a.m. to 4 p.m.	Teambuilding activity
October	Florida League of Cities 2021 Youth Council Video Competition
Wednesday, Nov. 10 4:30-6:30 p.m.	PYC Meeting - City Hall
Tuesday, Dec. 7 4:30-6:30 p.m.	PYC Meeting - City Hall
December	Community service - TBA
Tuesday, Jan. 25 4:30-6:30 p.m.	PYC Meeting - City Hall
Monday, Feb. 21 7 a.m. to 7 p.m.	Florida State Capitol
Monday, March 28 4:30-6:30 p.m.	PYC Meeting - City Hall
Friday, April 15 8 a.m. to 4 p.m.	Historic Pensacola Tour
May	Community service - TBA
May - TBA 4:30-7:30 p.m.	City Council Meeting - City Hall

\*Times and events subject to change



## Youth Council Application (page 1)

This application will be used in considering you for appointment by the Mayor to the Pensacola Youth Council. Pursuant to Florida Statutes, Chapter 119, all information provided on or with this form becomes a public record and is subject to disclosure, unless otherwise exempted by law.

Completed applications will be kept on file for a period of one year from the date received in the Office of the City Clerk. If you have any questions, contact the City Clerk's Office.

### **Student Information**

Name:

Grade/Classification:		
School attending:		
Home address:		
Email:		
Cell phone number:		
Date of birth:		
Gender:	Shirt size:	
Parent/Guardia	an Information	
•	articipate in the Pensacola You itment appointment to the Co	
Name:		
Phone number:		
Email:		
Are you a City of Pensa	cola resident? OYes ONo	
What district?		
Alternate Emerger	ncy Contact	
Name:		
Phone number:		
Email:		
		(continued on next page)



# Youth Council Application (page 2)

### **Diversity**

In order to encourage diversity in selections of members of government committees, the following information is required by Florida Statute 760.80 for some committees.

Race:
African-American Asian-American Hispanic-American
○ Caucasian ○ Other
Additional Student Information (Check all that apply)
I initiated my own interest in this program  I was asked to apply for this position by:
Please describe why you want to be a part of the Mayor's Youth Council:
Please list any other activities you will be involved in during the semester Include employment, sports, community service, school, and religious groups.



# Youth Council Application (page 3)

What personal skills and characteristics do you possess that would make you a good representative of your community?
I am willing to attend meetings, events, and activities after school, some evenings, and some weekends for the Council over eight months and commit to making a difference in our city.
Student initials: Parent initials:
Are you interested in community service hours for membership on the Council?  Yes No
Student and Parent/Guardian Signatures
I have read and understand the commitment required for the Pensacola Youth Council. I also realize the importance of teamwork and cooperation, and I am willing to make this commitment.
Student name (print):
Student signature:
I give permission for my child to seek the position of representative on the Pensacola Youth Council, and I understand the commitment a position on the Council entails.
Parent/guardian name (print):
Parent/guardian signature:



# Youth Council Application (page 4)

## **Teacher Recommendation Form**

Note to teachers: please place recomme	ndation form in a se	ealed and signed envelope.
is applying to	serve on the Pens	acola Youth Council.
The applicant should be a student positive influence for his/her peers.	who is driven, se	elf-motivated, and a
Please briefly comment on the studer	nt's:	
Work ethic:		
Attitude:		
Interpersonal relations:		
Please rate the student on his/her:	Scale:	
Timeliness/attendance	5 = Excellent	_ : •
Dependability	4 = Very good 3 = Average	1 = Poor 0 = Unknown
Ability to take initiative	7.1.61.6.9	o
Additional comments/concerns:		
Teacher signature:		
Date:		



# Youth Council Application (page 5)

## **Teacher Recommendation Form**

Note to teachers: please place recomme	ndation form in a se	ealed and signed envelope.
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Please briefly comment on the studer	nt's:	
Work ethic:		
Attitude:		
Interpersonal relations:		
Please rate the student on his/her:	Scale:	
Timeliness/attendance	5 = Excellent	_ : •
Dependability	4 = Very good 3 = Average	1 = Poor 0 = Unknown
Ability to take initiative	7.1.61.6.9	o
Additional comments/concerns:		
Teacher signature:		
Date:		



## Youth Council Application (page 6)

### **Code of Conduct**

- 1. Commit to attending monthly meetings and events and obtain prompt and reliable transportation to and from meetings and events, including the group-selected community service event each semester.
- 2. Conduct yourself professionally and respectfully at all times while participating in the program. No abuse of any kind (verbal or physical), disrespectful/disruptive behaviors, harassment of any type, whether in person or on any social media platform, will be tolerated.
- 3. Possessing or using tobacco products, including cigars, cigarettes, chewing tobacco, "e-cigarettes," and other electronic nicotine delivery systems, is prohibited.
- 4. Possessing or using marijuana, or being under the influence of marijuana, including medical marijuana, with or without a prescription, is prohibited.
- 5. Be attentive, actively participate in discussions, and refrain from excessive use of electronic devices during meetings, training, and volunteer events.

### **Student and Parent/Guardian Signatures**

Council Program (PYC) policy.	e read and understand the City of Pensacola Youth I have received a copy of this policy and agree to knowledge that if I fail to abide by this agreement, brogram.
Program participant name: (print)	
Program participant signature:	
Date:	
Parent/guardian name (print): (if participant is under 18)	
Parent/guardian signature: (if participant is under 18)	
Date:	



### WAIVER AND RELEASE OF LIABILITY

### (ADULT – 18 YEARS AND OLDER)

### **PARTICIPANT** (please print)

Last name		First name			
AgeDate of birth	Last 4	I digits of Social Sec	curity Numbe	r	
Mailing address		City	S1	ate	Zip
Phone number	Email				
EMERGENCY CONTACT (	(please print)				
Last name		_First name			
Relationship	Phone nu	ımber			
Program ("Program"), which is comptours of the Pensacola Police Departs October 2021, meetings at City Hall Capitol, Florida State University, and of the Historic Pensacola Village, the of the City of Pensacola or otherwise damages arising from my participation I shall indemnify, defend, and hold he from all actions, liabilities, and claim entity arising out of or in connection of Pensacola or otherwise, to the full Furthermore, I authorize any medical full responsibility for any costs relating Photo Release: I hereby authorize the Program for promotional purposes we By signing below, I acknowledge that	ment and the Pensacola F in November and Decem d Florida Agricultural & I e Pensacola Airport, and to e, to the fullest extent person in the Program. armless the City of Pensacons for injury, loss, or dam with my participation in the est extent permitted by late of the personnel to administer ing to such care and/or trees e City of Pensacola to use without compensation.	Fire Station #1, and the Saber 2021, and January, Mechanical University in the Port of Pensacola in Amitted by law. The City of cola, its elected officials, tage to persons or proper the Program, whether arisks.  emergency medical care eatment.  e any photograph or liken and this Waiver and Relegant to the State of	anders Beach-Co March, and May 2 n Tallahassee, FL April 2022, wheth of Pensacola assu- its officers, empl ty that may be as- ing from any neg and/or treatment ess of me obtaine	rrine Jon 2022, tou in Febru ner arisir mes no l coyees, a serted by ligence of to me w	ness Resource Center in ars of the Florida State pary 2022, and a tour ag from the negligence liability for injury or gents, and volunteers, y any person, firm, or on the part of the City when necessary and acceptarticipating in the
Participant's signature STATE OF FLORIDA		Date		<u>—</u>	
COUNTY OF ESCAMBIA					
BEFORE ME, the undersigned, pers known to me or ( ) who produced under penalties of perjury that s/he d	onally appearedleclares that s/he has read	as identific the foregoing and that it	(PYC Paration, who exect is true and correct	ticipant) uted the ct.	, ( ) who is personally foregoing and states
WITNESS my hand and official seal this	day of	, 20			
[NOTARY SE	AL]	NOTARY I	PUBLIC		
		Notary pri	nted name		



### WAIVER AND RELEASE OF LIABILITY

### (MINOR – UNDER 18 YEARS OLD)

PARTICIPANT (please print)		
Last name	First name	
AgeDate of birth	Last 4 digits of Social Secur	rity Number
Mailing address	City	StateZip
Phone number	_Email	
PARENT/GUARDIAN (please print)		
Last name	First name	Last 4 of SSN
Mailing address	City	StateZip
Phone number	_Email	
EMERGENCY CONTACT (please pr	rint)	
Last name	First name	
Relationship	Phone number	
I, on behalf of myself and my child/ward ("Part and all actions, liabilities, and claims we may hand volunteers, for any injury, loss, or damage in the City of Pensacola's Youth Council Progr. West Florida's Outdoor Adventures Course, to Sanders Beach-Corrine Jones Resource Center January, March, and May 2022, tours of the Flouriversity in Tallahassee, FL in February 2022 Pensacola in April 2022, whether arising from law. The City of Pensacola assumes no liability	have against the City of Pensacola, its election persons or property arising out of or in am ("Program"), which is comprised of teurs of the Pensacola Police Department are in October 2021, meetings at City Hall in orida State Capitol, Florida State University, and a tour of the Historic Pensacola Villathe negligence of the City of Pensacola or	etted officials, its officers, employees, agents, connection with Participant's participation eambuilding activities at the University of and the Pensacola Fire Station #1, and the November and December 2021, and ity, and Florida Agricultural & Mechanical lage, the Pensacola Airport, and the Port of rotherwise, to the fullest extent permitted by
I, on behalf of myself and Participant, shall inde officers, employees, agents, and volunteers, from that may be asserted by any person, firm, or ent whether arising from any negligence on the part Furthermore, I authorize any medical personnel and accept full responsibility for any costs relating Photo Release: I, on behalf of myself and Participant obtained while participating in the P	m all actions, liabilities, and claims for injuity arising out of or in connection with Part of the City of Pensacola or otherwise, to administer emergency medical care anding to such care and/or treatment.  cipant, hereby authorize the City of Pensa	ury, loss, or damage to persons or property articipant's participation in the Program, the fullest extent permitted by law.  Afor treatment to Participant when necessary acola to use any photograph or likeness of
By signing below, I acknowledge that I have rea	ad and understand this Waiver and Releas	e of Liability and that I agree to its terms.
Parent/guardian signature	Date	



### WAIVER AND RELEASE OF LIABILITY

### (MINOR – UNDER 18 YEARS OLD)

(CONTINUED)

#### STATE OF FLORIDA

~~		
COUNTY	OF ESCA	MRIA

COUNTY OF ESCAMBIA	
BEFORE ME, the undersigned, personally appearedknown to me or ( ) who producedpenalties of perjury that s/he declares that s/he has read the fore	as identification, who executed the foregoing and states under
WITNESS my hand and official seal thisday of	, 20
[NOTARY SEAL]	NOTARY PUBLIC
	Notary printed name