Fort Myers
Youth Services Coalition
empowering our youth today for a better tomorrow

Teen Advisory Council Application

Name_____ Date of Birth_____

Address _____

City _____ State_____ Zip _____

Phone _____ Email _____

School _____ Grade_____ GPA_____

As a representative of the Youth Services Coalition's Teen Advisory Council are you willing to?

Commit one full year of service to the council? Yes ____ No ____
Stay out of trouble with the law and in school? Yes____ No ____
Be accepting of others and their ideas? Yes____ No ____

Please list any extra curricular activities that you are involved with.
(For example: school clubs, sports, community organizations, volunteer work, etc.)

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_____

What qualities, skills or talents would you bring as a member of the T.A.C.?

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Why would you like to become a member of the T.A.C?

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The Teen Advisory Council requires a commitment of time and energy. How will you be able to ensure your full participation in the Council meetings and activities?_____
_____
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_____

PLEASE FEEL FREE TO USE THE BACK OF THIS FORM OR ATTACH PAGES FOR ADDITIONAL WRITING SPACE

Statement of commitment:
If chosen to become an active member of the City of Ft. Myers Teen Advisory Council, I agree to abide by the rules, regulations and guidelines established by the Ft Myers Youth Coalition and the by laws of this council.

Student Signature _____ Date _____

Please mail completed application to

City of Ft Myers Recreation
PO Drawer 2217
Fort Myers, FL 33902

Please call 239-321-7525 with questions or for more information