



City of Petoskey

101 East Lake Street, Petoskey, Michigan 49770 • 231 347-2500 • Fax 231 348-0350

Petoskey Youth Advisory Council Reapplication Form

A FILLABLE VERSION OF THIS APPLICATION FORM IS AVAILABLE AT
<https://www.petoskey.us/youthadvisorycouncil>

The City of Petoskey will not discriminate against any applicant on the basis of any characteristic that is protected by state or federal law, except that due to the nature and requirements of the position, age will be a consideration in choosing members of the Petoskey Youth Advisory Council.

- APPLICANTS TO THE PETOSKEY YOUTH ADVISORY COUNCIL (PETOSKEY YAC) MUST EITHER RESIDE OR ATTEND SCHOOL IN THE CITY OF PETOSKEY
- PLEASE NOTE THAT MEMBERSHIP ON THE PETOSKEY YAC REQUIRES CONSISTENT ATTENDANCE AND A COMMITMENT TO GOOD GOVERNANCE
- THERE WILL BE REGULARLY SCHEDULED PETOSKEY YAC MEETINGS ALONG WITH OTHER COMMUNITY MEETINGS AND EVENTS TO BE DETERMINED.
- COUNCIL TERMS ARE FOR ONE YEAR WITH THE OPTION TO RE-APPLY FOR UP TO THREE TERMS
- IN ADDITION TO THIS APPLICATION, THE SELECTION COMMITTEE MAY OPT TO INTERVIEW APPLICANTS
- BEFORE APPLYING, PLEASE CONSIDER THE ABOVE REQUIREMENTS – *THANK YOU*

Name _____ Next Year Grade: ___11 ___12

School _____

Home Address _____

City _____ Zip _____ Cell/Text _____

Email _____ Home Phone _____

1. QUESTIONS

Please answer the following questions in a Word document attached to and submitted with your application using no more than 200 words for each response.

- If you did not participate in all YAC meetings and opportunities during your preceding year of service, please describe meetings and opportunities missed and why.**
- Please describe the contributions you've made to the YAC during your preceding year of service.**
- Please describe specific contributions and initiatives you propose to bring to the YAC if re-appointed.**
- Optional: Is there any other information that you would like us to consider in connection with your re-application?**

2. YEAR OF SERVICE

Please indicate if you are applying for your second or third year of service on the YAC:

Year 2 _____ Year 3 _____

3. SIGNATURES

Student Signature

I have read and understand the time commitment required for the Petoskey YAC. I also acknowledge the importance of academics and the necessity for me to maintain or improve my school performance while serving on the Council. I am able and willing to make such a commitment for the duration of my service.

Student Signature

Date

Principal or Counselor Signature

I believe that this student has the ability to responsibly serve on the Petoskey YAC. This student has demonstrated satisfactory academic performance and attendance.

Principal or Counselor Signature

Date

Parent/Legal Guardian Signature

I give my permission for the above named applicant to seek a position on the Petoskey YAC.

Parent/Guardian Signature

Date

4. EMERGENCY CONTACT

Telephone number in case of emergency

Name of emergency contact: _____

Relationship to applicant: _____

This is an unpaid, volunteer position, and individuals chosen for this Council serve at the pleasure of the City Council.

PLEASE RETURN THIS APPLICATION, ESSAY RESPONSES AND REFERENCE BY HAND DELIVERY ON OR BEFORE THE FIRST MONDAY IN MAY TO:
City Manager
City of Petoskey
101 East Lake Street
Petoskey, MI 49770
sbek@petoskey.us
231-347-2500
APPLICATIONS NOT RECEIVED ON OR BEFORE THE FIRST MONDAY IN MAY WILL NOT BE CONSIDERED