



City of Palm Bay, Florida
YOUTH ADVISORY BOARD
APPLICATION



The vision for the City of Palm Bay's Youth Advisory Board is to empower caring youth dedicated to personal development and servant leadership. If you are interested in applying for membership to the Board, please complete the following application.

Applicants **MUST** be a City of Palm Bay resident and be in grades **9-12**. Please type or print clearly in blue or black ink. Attach additional sheets as requested. ALL information must be completed in order to be considered for the Palm Bay Youth Advisory Board.

Student Information:

Name: _____ Age: _____

School: _____ Grade: _____

Home Address: _____

City: PALM BAY State: Florida Zip Code: _____

Home Telephone: _____ Cell Phone: _____

Email: _____ Date of Birth: _____

Parent/Guardian: _____

Do you have transportation to get to Youth Advisory Board meetings/events? Yes No

Please attach your response to the following:

1. Why do you want to serve as a member of the Youth Advisory Board?
2. What personal skills and characteristics do you possess that would make you a good member?
3. If you could bring one thing to this city or change one thing, what would it be?

Are you willing to attend the meetings, events, and activities of the Youth Advisory Board for one year (12th graders) and two years (9th - 11th grades)?

Yes No

Are you interested in community service points for your involvement?

_____ Yes _____ No

Please provide two (2) adult references (non-relatives) with phone numbers. You must also attach letters of recommendation from these individuals. The letters of reference should be from a dean, principal, teacher, guidance counselor, pastor, coach, employer, neighbor, etc.

1. Name: _____ Contact No.: _____

2. Name: _____ Contact No.: _____

I have read and understand the commitment required for the City of Palm Bay's Youth Advisory Board and realize the importance of teamwork and cooperation, and I am willing to make this commitment.

Student Signature: _____ Date: _____

Parent/Legal Guardian Permission:

I hereby give my permission for _____ to seek the position of board member on the City of Palm Bay's Youth Advisory Board.

Parent/Guardian Signature: _____ Date: _____

Home Telephone: _____ Cell Phone: _____

Emergency Contact Information:

Name: _____

Relationship: _____ Contact No.: _____

Application Deadline: _____ (application must be postmarked or delivered by this date)

Mail to or drop off at:

City of Palm Bay
Office of the City Clerk
120 Malabar Road, SE
Palm Bay, FL 32907

For more information on the Youth Advisory Board, consult the following adult advisory board member:

Gregory Krolczyk
Contact No.: 321-243-8287
gkro@earthlink.net