



# 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 enrolled at Bayside High School, Heritage High School or Palm Bay High School 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: \_\_\_\_\_ 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 (12<sup>th</sup> graders) and two years (9<sup>th</sup> - 11<sup>th</sup> 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:

Darcy Addo  
Contact No.: 321-271-6591  
[DarcyLivesinFL@yahoo.com](mailto:DarcyLivesinFL@yahoo.com)