



Youth Advisory Council Membership Application

The Youth Advisory Council of Columbus, Georgia is a place where young people can make a difference within their community by serving as a member of the Youth Advisory Council, a body composed of middle school and high school students throughout Muscogee County.

The mission of the Youth Advisory Council is to broaden the scope of youth leadership in Columbus, Georgia through volunteerism, service and initiatives that are directed towards allowing youth input into policy issues, identifying youth issues, and participating in the development of positive solutions.

Eighty-four students are appointed each year, which includes, appointments by both governing boards and elected officials

To Apply for Membership:

Please carefully read all required parts of the Youth Advisory Council Membership Application.

- **Part I: Student Application:** Fill out the application form completely.
- **Part II: Parental Consent Form:** Parent or legal guardian must sign and submit a consent form for a student applicant to be considered.
- **Part III: Recommendation Letter:** The recommendation letter must be signed by a school administrator or teacher. A representative of a community, school official or school-sponsored club or organization (with a civic mission) may complete a letter of recommendation can be from either school or community. **A minimum of two letters is required. RECOMMENDATION LETTER'S CAN NOT BE SENT IN SEPARATELY.**
- **Part IV: Headshot Photo:** A headshot photo is required with your application.
- **Part V: Submission of Application:** Applications, Letters of Recommendation, Essay, Headshot Photo and Consent Forms.

Failure to submit required documentation as instructed will make your application incomplete and not considered for membership.

Mail to: Ashley Hamilton

Youth Advisory Council

3111 Citizens Way

2nd Floor

Columbus, Georgia 31906

E-mail to: Hamilton.ashley@columbusga.org

**Youth Advisory Council
Membership Application
Part I: Personal Information**

***Deadline: April 15th**

Student Name: _____

Age: _____

Address: _____

Parent/Legal Guardian: _____

Parent/Legal Guardian Cell Phone: _____

Parent/Legal Guardian Work Phone: _____

Parent E-mail: _____

Student Cell Phone: (optional) _____

Student E-mail: (optional): _____

School Presently Attending: _____

Current Grade: _____

School Attending Next School Year: (if different) _____

Grade Attending Next School Year: _____

Gender: _____

Race: _____

T-Shirt Size (adult sizes): _____

**Short Essay (50-100 words)
(Question and answer to short essay must be typed to be
considered for membership)**

Must submit short essay

1. Why do you want to serve as a member of the Youth Advisory Council, and if selected, how will your experience on the youth council affect your goals and life choices in civic involvement?

PLEASE SUBMIT YOUR APPLICATION EARLY

**Youth Advisory Council
Membership Application
Part II: Personal Information
Deadline: April 15th**

The Youth Advisory Council of Columbus, Georgia actively invites and encourages all students in grades 5th – 11th Grade to submit an application for membership on the Youth Advisory Council. If your child is selected, every effort will be made to minimize any burden on council activities on your child’s school responsibilities and other personal priorities, including any unnecessary personal financial burden on you and your family. However, you will be responsible for providing transportation to and from meetings or events of the Youth Advisory Council.

PERMISSION TO SEEK MEMBERSHIP ON THE LEGISLATIVE YOUTH ADVISORY COUNCIL

My child, _____ is interested in becoming a member of the Youth Advisory Council and I support and authorize his/her participation, if selected. I understand that I am responsible for the transportation of my child to and from any youth council meeting.

PHOTO RELEASE

I understand that the Youth Advisory Council may attract attention from the media and that my child may be photographed or filmed during any meeting or event. Therefore, I grant permission to use photographs, video recordings, or other electronic or printed communications of my child, if selected. I understand that such photographs, recordings, or other communications may be used for public display on the official website of the Youth Advisory Council.

RELEASE FROM LIABILITY

I, the undersigned, expressly release the Youth Advisory Council of Columbus, Georgia, and any of its members and staff, any participating public official, or any other participating agency/organization from any and all claims, which may arise during the term of my child’s membership, if he/she is selected.

Signature of Parent/Legal Guardian

Date

PLEASE SUBMIT YOUR APPLICATION EARLY