

CITY OF PALM COAST TEEN COUNCIL APPLICATION

NAME:		
AGE: _	GRADE:	PHONE:
High Sc	hool:	
- Collab planning - Strateg Palm Co - Study	g, promoting and implementing social cically plan and participate in communant residents.	ncil will be to: ns in the City of Palm Coast by assisting in recommending, l and recreational programs for teens. nity service activities which benefit City of teens especially as they relate to municipal programs or
1.	Why would you like to be on Teen Co	ouncil?

2. What activities have you done that involve leadership and citizenship? List any Community/Civic/School Organizations of which you are or have been a part.

3. List two things you would really like to gain from the City of Palm Coast Teen Council.
4. What do you feel is one of the biggest problems/needs/concerns of today's teens in Palm Coast?
5. Is there anything else you would like to add?
You must agree to the following items to be a member of the City of Palm Coast Teen Council. As you check items, think about whether you have the time, interest, and commitment to follow through.
☐ I agree to attend monthly meetings of the Teen Council, unless I have an unavoidable conflict. Most meetings will be on the first Monday of the month. If I can't attend, I will notify the Parks & Recreation Department in advance.
□ I agree to share my ideas and provide input as the Council makes decisions.
□ I agree to treat others of the Council and the advisor/s with respect.
□ I agree to act as a positive role model on social media, in my school, and my community.
Applicant Signature:
Phone # Home: Cell:
Email:
PARENT/GUARDIAN NAME & CONTACT #:
PARENT/GUARDIAN SIGNATURE:
PARENT/GUARDIAN EMAIL:

Deadline to submit: Sept. 24, 2018. Drop off to Palm Coast Community Center, 305 Palm Coast Pkwy. OR email to parksandrecreation@palmcoastgov.com with Palm Coast Teen Council in the subject line.