

MUNICIPAL YOUTH COUNCIL APPLICATION FOR MEMBERSHIP

Applicant Information

Name: _____ Student Phone: _____

Parent / Guardian Name: _____ Parent Phone: _____

Home Address: _____

E-mail Address: _____

School: _____ Grade Level: _____

In the space below, please tell us more about yourself and what you hope to gain from participation.

Reference Approval

In order to maximize efficacy, the City requests that applicants obtain a signature from a GBHS Principal or Assistant Principal.

The signee certifies that the student applicant is capable of upholding the responsibilities associated with a leadership position in the Gulf Breeze Municipal Youth Council to the best of their ability:

Name: _____ Date: _____

Signature: _____ Job Title: _____

Parent/Guardian Approval

I, _____, hereby allow my child to participate in the Municipal Youth Council for the City of Gulf Breeze. I acknowledge that my child will be participating in virtual meetings, activities, projects, and communications with City Officials and fellow Youth Council members and that my child is responsible for sustained participation to prevent their removal from the program. I also acknowledge that my child's application does not guarantee a position in the Council, as there is a limited number of positions during the City's initial launch of the program. I further acknowledge that my child's participation in this program is voluntary and I agree to release the City of Gulf Breeze and all of their employees, officials, and any and all individuals and organizations assisting or participating in the program from any and all claims for personal injuries and property damage which my child may suffer while participating as a member of the Gulf Breeze Municipal Youth Council.

Parent Name: _____ Date: _____

Signature: _____ Relationship to Student: _____

Phone: _____ Email: _____

Commitment Statement

I, _____, acknowledge that being a member of the City of Gulf Breeze Municipal Youth Council carries the responsibilities outlined in this document. I agree to conduct myself as properly befitting a representative of my City and abide by all guidelines of the Council. I also acknowledge that my attendance and behavior are subject to review by City Officials, and action can be taken to withhold my membership from the Council should I not abide by the expectations of the program.

Student Name: _____ Date: _____

Signature: _____

The deadline for submission is **Thursday, March 11 at 4:00 PM**. Applications can be submitted by mail, via email, or in-person at City Hall. Please deliver to:

Joshua Smith
1070 Shoreline Dr
Gulf Breeze, FL 32561
Email: jsmith@gulfbreezefl.gov