



Oro Valley Youth Advisory Council Application

Years 2016-2018

In order to foster civic engagement with our community's youth, the Town of Oro Valley is continuing to sponsor the Youth Advisory Council. As a result, our youth will have a voice in the Town's planning and decision-making process. The Youth Advisory Council will consist of members in grades 9-12 who are motivated to serve in a capacity that benefits the Oro Valley community.

Youth Advisory Council Members:

- Provide students a voice in the local decisions that affect their lives.
- Help Town leaders develop policies and invest Town resources that reflect our youth's needs.
- Cultivate the next generation's civic leaders by helping youth build confidence, connect with peers and adults, and develop leadership and teamwork skills.
- Make an impact in the community by hosting activities to engage the youth.
- Working to develop relationships that will bridge the age gap between youth and seniors.

Membership Criteria

Applicant must be a full-time student who will be attending a high school or home school program within the attendance boundaries of Oro Valley and who will be in grades 9-12 during the 2016 fall semester.

Applicant must also be willing to attend up to two (2) meetings per month between the months of August and May (meetings are approximately 1.5 hours); they currently occur once every three (3) weeks on Monday nights starting at 7 p.m. In addition to meetings, members will be expected to put in approximately three (3) hours per month, as well as approximately one (1) Saturday or Sunday per month in order to work towards achieving our goals and mission. All applicants will be considered regardless of race, color, gender, sexual orientation, national origin, or disability.

If interested, please complete and submit this application by 5 p.m., Friday, March 25, 2016, to:

**Town of Oro Valley
11000 N. La Cañada Drive
Oro Valley, AZ 85737
Attn: Jessica Hynd**

**Or via email to Jessica
at jhynd@orovalleyaz.gov**

For questions, contact Jessica at: 520-229-4711 or jhynd@orovalleyaz.gov

I. STUDENT INFORMATION:

Name _____

School _____ Fall 2016 Grade Level _____

Home Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

Gender M / F Date of Birth _____

How did you hear about the Oro Valley Youth Advisory Council?

1. School
2. Library
3. Town Administrative Office
4. Town Website
5. Place of Worship
6. Recreation Activity
7. Facebook or Twitter
8. Other _____

Applicant Experience:

Please list your most recent jobs and/or volunteer experience. Include organizations and club participation.

Name of Organization	Title or Position
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Dates of Involvement	Hours per Week
<hr/>	
Name of Supervisor/Contact	Phone Number
<hr/>	

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<hr/>	
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Name of Supervisor/Contact	Phone Number
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Circle which nights you are most available:

Monday **Tuesday** **Wednesday** **Thursday** **Friday**

Do you have transportation to and from meetings? YES NO

Please Note: The Youth Advisory Council currently meets every three weeks on Monday nights and members are expected to participate at least one (1) Saturday a month with a YAC sponsored program; however, we meet less frequently during winter and summer breaks. Advisory Council terms are for two (2) years. I understand the importance of teamwork and cooperation, as well as understand the time commitment required to participate on the Oro Valley Youth Advisory Council. Therefore, I am able to make such a commitment to the Youth Advisory Council.

Student Signature: _____ Date _____

II. PARENT / GUARDIAN PERMISSION (for applicants under the age of 18)

Name(s) of Parent/Guardian _____

I hereby give my child permission to apply for selection to the Youth Advisory Council.

Parent/Guardian Signature _____ Date _____

III. SHORT ANSWERS

Please address the following **on a separate sheet of paper (preferably typed)** regarding the Youth Advisory Council:

1. Briefly tell us why you would like to be a member of the Oro Valley Youth Advisory Council.
2. Individuals that like to serve their community and take initiative on projects are ideal for the Youth Advisory Council. Please provide some examples of how you would be a good fit for the Youth Advisory Council.

IV. Letter of Recommendation

Please provide a letter of recommendation from an individual who is familiar with your background and who has served as an advisor, teacher, coach or is a leader within the community.

This letter should demonstrate your dedication to serving the community, as well as illustrate how you would be an asset while serving as a member of the Youth Advisory Council.

V. STUDENT STATEMENT

I hereby certify that the information I have given is true and correct to the best of my knowledge. I understand that provision of false information may disqualify my consideration. I authorize the release of this information for verification purposes and understand it will be used only to process my application.

Signature

Date
