

**City of Sanford and Lee County  
Youth Council  
2016-2017 Application Form**

**Personal Information**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Email: \_\_\_\_\_

GPA: \_\_\_\_\_ School: \_\_\_\_\_

Resident of Lee County \_\_\_\_ yes \_\_\_\_ no

Phone Number: \_\_\_\_\_ Other Number: \_\_\_\_\_

Gender: \_\_\_\_\_ Ethnicity\*: \_\_\_\_\_

\*Our goal is to accurately portray the diverse background of our community

**General Information**

After school activities (church, school, volunteer, etc.): \_\_\_\_\_

\_\_\_\_\_

Do you currently have a part time job \_\_\_\_\_ If so, where \_\_\_\_\_

Hobbies/Interests/Special Skills: \_\_\_\_\_

\_\_\_\_\_

Please list five adjectives describing yourself: \_\_\_\_\_

\_\_\_\_\_

Where do you see yourself in five years? In ten? \_\_\_\_\_

\_\_\_\_\_

Why do you want to join the Youth Council? \_\_\_\_\_

\_\_\_\_\_

What will you contribute to the Youth Council if you become a member?

\_\_\_\_\_

\_\_\_\_\_

Regarding our community, what do you think are the three most important issues facing the youth in the City of Sanford and Lee County in the next 2 to 4 years? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Recommendations:** With this application please include *two sealed letters* of recommendation from people who are closely associated with your abilities and qualifications. One recommendation should come from within your school, and one from a person within the community.

By signing this application, I give permission for my child to participate in the City of Sanford and Lee County Youth Council and all other responsibilities that may coincide. I also give permission for my child to be photographed or videotaped for legal advertising purposes.

Parent/Guardian Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Date: \_\_\_\_\_

By signing this application, I commit to adhering to the bylaws and maintaining all my responsibilities as a member of the Youth Council. I recognize that this Council is a formal governing board and I will respect that. I realize that I will be asked to attend *at least one meeting and participate in a formal interview* before becoming a member.

Applicant's Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Date: \_\_\_\_\_

***TO PARTICIPATE IN THE INTERVIEW PROCESS,  
YOU MUST ATTEND AT LEAST ONE MEETING.***

# City of Sanford and Lee County Youth Council Important Information

## Youth Council 2015-2016 Meeting Dates:

Monday, August 10	Monday, March 14
Monday, September 7	Monday, April 11*
Monday, October 12	Monday, May 9
Monday, November 16*	Monday, June 13*
Monday, December 14	
Monday, January 11	
Monday, February 8	

- All meetings are held on the second Monday at **4:00 pm** of each month unless otherwise noted.
- All meetings are held in the West End Conference Room located at City Hall at 225 E. Weatherspoon St.

*\*Meetings in November, April and June may change due to holidays, breaks and graduation schedules*

### Our advisors are:

Karen Kennedy  
P.O. Box 3729  
(919)777-1113  
Sanford, NC 27331-3729  
[karen.kennedy@sanfordnc.net](mailto:karen.kennedy@sanfordnc.net)

Lesa Price  
106 Hillcrest Drive  
(919)718-4690-5209  
Sanford, NC 27330  
[lprice@leecountync.gov](mailto:lprice@leecountync.gov)

Please mail your application to either of the advisors above, or drop it off at their office between 8am-5pm Monday-Friday.

### **Checklist**

- \_\_\_ Personal Information
- \_\_\_ Two sealed recommendations
- \_\_\_ Parent Signature
- \_\_\_ Student Signature