



**STUDENT/APPLICANT**

*Please print or type responses*

**2022-2023 Council Term**

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

Name of School \_\_\_\_\_ Grade in 2022-2023 \_\_\_\_\_

Student Email Address \_\_\_\_\_

**PARENT/GUARDIAN**

Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Eleven (11) Councilmember positions are available.

- \*Mayor will be selected by peers following election.
- \*Mayor Pro Tem will be selected by peers following election.

1. In the space below, detail which characteristics you possess that make you the ideal candidate for the desired position.

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2. On the next page, provide a 500 word essay on what you consider as the most important issue of the community and how you would most effectively address.

3. Include two (2) reference letters from adults that can provide a testimony of your leadership potential and ability to manage the demands of both school and the Youth Council. **One is required to be from a teacher, counselor, or school administrator.** Recommendations for other references include employer, coach, or leadership of a club/extracurricular activity.

4. Obtain signature of support and photo release from parent or legal guardian.

5. Obtain signature verification of current GPA from school official.







## **ELIGIBILITY REQUIREMENTS**

- ◇ Reside within the City limits of Hinesville.
- ◇ Attend a private school within the City of Hinesville or attend a public school of the Liberty County School System.
- ◇ Be in grades 9-12 during the term/school year.
- ◇ Be in good academic standing and free of any serious disciplinary infractions within the last six months.
- ◇ Have a minimum GPA of 2.5.

## **PARTICIPATION REQUIREMENTS**

- ◇ Agree to the Code of Conduct.
- ◇ Commit to serving at least one full term of two years.
- ◇ Attend swearing in ceremony.
- ◇ Attend monthly Youth Council meetings at City Hall.
  - 1st Wednesday at 4:00 PM
  - Open meeting time may be adjusted to encourage youth constituent attendance.
- ◇ Attend at least one City Council meeting during each term of service.
  - 1st & 3rd Thursday at 3:00 PM

## **TERM SPECIFICATIONS**

Generally, the term of the Youth Council shall follow the Liberty County School System Academic Calendar with service following start of the school year and concluding in conjunction with the end of school year. Total service shall be limited to two, 2-year terms with the exception of senior year members.

## **SUBMISSION**

Completed applications may be submitted by hand delivery, mail, or email and must be received by **4:00 pm September 8, 2022.**

Email: [ljones@cityofhinesville.org](mailto:ljones@cityofhinesville.org)

### Mailing Address

City of Hinesville  
City Clerk's Office 1stFloor  
Attn: Lia Jones/Youth Council  
115 East MLK Jr. Drive  
Hinesville, GA 31313



**STUDENT/APPLICANT**

I attest that I meet Eligibility Requirements at the time of application and further agree to notify the Youth Council City Clerk of changes in my residence, enrollment, or GPA within five (5) days of the event. I acknowledge and agree to the Participation Requirements and the Code of Conduct and Terms set by the Hinesville Youth Council.

Applicant Printed Name \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Do you agree to receive text messages regarding Youth Council  Yes  No

**PARENT/GUARDIAN**

As the parent/guardian of this applicant, I support his/her participation and commitment to the City of Hinesville Youth Council including the Participation Requirements and Code of Conduct. I agree to ensure that adequate transportation is available for Youth Council Meetings and related events.

I understand, acknowledge, assume and accept the risk that personal injury, property damage, or death may occur while my child participates in Hinesville Youth Council. I, the undersigned, assume the risk and hold the City of Hinesville, agents, and employees harmless for any personal injury, property damage, or death arising out of any and all events at or in conjunction with Hinesville Youth Council. I further covenant and agree that I will not sue the City of Hinesville, agents, or employees for any claim for damages arising or growing out of my voluntary participation in or travel/educational activities at or in conjunction with the Hinesville Youth Council.

Parent/Guardian Printed Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Do you agree to receive text messages regarding Youth Council  Yes  No

I understand that throughout the term photos will be taken and videos may be created. I hereby grant permission to the City of Hinesville to use photographs and/or video in publications, news releases, online, and in other communications. I understand and agree that the audio, video, film, or print images may be edited duplicated, reformatted, distributed, reproduced, or broadcast.

Parent/Guardian Printed Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**SCHOOL OFFICIAL**

I attest that the applicant \_\_\_\_\_ has a GPA of \_\_\_\_\_ as of today's date \_\_\_\_\_

and is free of any serious disciplinary infractions within the last six months  Yes  No

Printed Name and Title of School Official \_\_\_\_\_

Signature of School Official \_\_\_\_\_

