



# CITIZENS FOR A BETTER CITY

## Youth Representatives Initiative Application 2020-2021

ONLY STUDENTS CURRENTLY ENROLLED IN GRADES 9 THROUGH 11 ARE ELIGIBLE TO APPLY

Name \_\_\_\_\_

Address \_\_\_\_\_

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

School Currently Attending \_\_\_\_\_ Current Grade \_\_\_\_\_

City Boards & Commissions you are interested in becoming a Youth Rep to:

- |  |  |
|--|--|
| <input type="checkbox"/> Architectural Advisory Board                  | <input type="checkbox"/> Falls Church Cable Access Board   |
| <input type="checkbox"/> Arts and Humanities Council                   | <input type="checkbox"/> Historical Commission             |
| <input type="checkbox"/> Citizens Advisory Committee on Transportation | <input type="checkbox"/> Housing Commission                |
| <input type="checkbox"/> Economic Development Authority                | <input type="checkbox"/> Human Services Advisory Council   |
| <input type="checkbox"/> Electoral Board                               | <input type="checkbox"/> Library Board of Trustees         |
| <input type="checkbox"/> Environmental Services Council                | <input type="checkbox"/> Recreation & Parks Advisory Board |
| <input type="checkbox"/> Energy Transition Subcommittee                | <input type="checkbox"/> Tree Commission                   |

Civic Groups you are interested in becoming a Youth Rep to:

- |  |   |
|--|---|
| <input type="checkbox"/> Creative Cauldron                 | <input type="checkbox"/> Falls Church League of Women Voters      |
| <input type="checkbox"/> Falls Church Democratic Party     | <input type="checkbox"/> Falls Church Republican Party            |
| <input type="checkbox"/> Falls Church Education Foundation | <input type="checkbox"/> Village Preservation Improvement Society |
| <input type="checkbox"/> Falls Church Homeless Shelter     |   |

Signature of School Principal \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

Please type, print, sign, get signatures, scan & submit your application **by April 3, 2020** via email to: [fallschurchcbc@gmail.com](mailto:fallschurchcbc@gmail.com) or drop off a hard copy in the GMHS Counseling Office. Interviews will be scheduled April 16 – 19, 2020. You will be contacted accordingly.

For more info, please visit <https://www.youthrepsinitiative.net/>

**FOR EACH BOARD, COMMISSION, OR CIVIC GROUP YOU ARE INTERESTED IN, PLEASE COMPLETE A SEPARATE FORM. Please indicate your first, second, or third choices on each form.**

NAME OF BOARD/COMMISSION/CIVIC GROUP \_\_\_\_\_

First Choice \_\_\_\_\_ Second \_\_\_\_\_ Third \_\_\_\_\_

Have you reviewed the purpose, goals, meeting times, and activities of the Board/Commission/Civic Group that you are interested in becoming a Youth Rep to?

- Yes, I have reviewed the City or Civic Group website

When does this Board/Commission/Civic Group meet? \_\_\_\_\_

What are the goals and activities of this Board/Commission/Civic Group?

\_\_\_\_\_

\_\_\_\_\_

Have you attended at least one meeting of the Board, Commission or Civic Group, or plan to attend their next meeting before June 30th?

- Yes, I attended the meeting on \_\_\_\_\_
- Yes, I plan to attend the meeting on \_\_\_\_\_

Are you interested in a 1-year term or 2-year term? \_\_\_\_\_ (2-year terms are strongly recommended for all but rising seniors)

**PLEASE NOTE: [YOUR REGULAR ATTENDANCE IS REQUIRED AT YOUR BOARD, COMMISSION OR CIVIC GROUP MEETINGS. YOUR APPOINTMENT WILL BE RESCINDED IF YOU CANNOT MAKE THIS COMMITMENT. ABSENCES DUE TO ILLNESS OR CONFLICTS WILL BE EXCUSED IF YOU CONTACT YOUR CHAIRMAN.](#)**

**Please provide short answers to the following questions: Be specific and cite any relevant experience, classes, and interests. Limit your answers to 1 typed, single spaced page to answer all 8 questions and attach to this application:**

- 1) Why would you like to be a Youth Rep to this Board, Commission or Civic Group?
- 2) How do you think you can contribute to the work of this organization if appointed?
- 3) What do you hope to gain from the experience?
- 4) How will you share what you learn from this experience with others?
- 5) How will you ensure you have the required time to serve as a Youth Rep to this group?
- 6) Do you have any family or other relationship with a member of the City Council, City staff, City Board or Commission, or Civic Group? *(Answering affirmatively will not disqualify you but is important to disclose to ensure transparency.)*
- 7) Can you attend a swearing-in ceremony at the May 28, 2020 City Council meeting and a half-day Youth Rep Orientation in early summer?
- 8) Can you commit to responding to all Schoology announcements and questionnaires and texts or emails relating to your role? This is a critical element of the program.

## Photo Release Form for Participants under 18

Citizens for a Better City Youth Representatives Committee has my permission to use my child's photograph publically to promote the Youth Representatives Program. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian's signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

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