



# CITIZENS FOR A BETTER CITY

## Youth Representatives Initiative Application 2026-2027

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

Handwritten applications must be filled out in black or blue ink and printed LEGIBLY. Typing is preferred!

Name \_\_\_\_\_

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

Address \_\_\_\_\_

Email \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Parent Email \_\_\_\_\_ Parent Mobile Phone \_\_\_\_\_

School Currently Attending \_\_\_\_\_ Current Grade \_\_\_\_\_ Graduation Year \_\_\_\_\_

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

- |   |  |
|---|--|
| <input type="checkbox"/> Architectural Advisory Board                   | <input type="checkbox"/> Electoral Board                 |
| <input type="checkbox"/> Arts & Humanities Council                      | <input type="checkbox"/> Environmental Services Council  |
| <input type="checkbox"/> American Association of University<br>Women    | <input type="checkbox"/> Falls Church Electoral Board    |
| <input type="checkbox"/> Citizens Advisory Council on<br>Transportation | <input type="checkbox"/> Historical Commission           |
| <input type="checkbox"/> Economic Development Authority                 | <input type="checkbox"/> Housing Commission              |
|   | <input type="checkbox"/> Human Services Advisory Council |

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

- |  |   |
|--|---|
| <input type="checkbox"/> Bike Falls Church                 | <input type="checkbox"/> MHS PTSA                                   |
| <input type="checkbox"/> Falls Church Chamber of Commerce  | <input type="checkbox"/> Village Preservation & Improvement Society |
| <input type="checkbox"/> Falls Church Democratic Committee | <input type="checkbox"/> Welcoming Falls Church                     |
| <input type="checkbox"/> League of Women Voters            |   |

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

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

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

Please print, fill out, sign, get signatures, scan & submit your application, including the photo release, **by Fri, April 10, 2026** via email to: [CBcyouthreps@gmail.com](mailto:CBcyouthreps@gmail.com) or drop off a hard copy in the MHS Counseling Office. Interviews will be scheduled Thurs, April 16– Mon, April 21, 2026. You will be contacted accordingly.

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

## NOTE, PROGRAM REQUIREMENTS:

- **Your regular attendance is required** at your board, commission or civic group meeting. 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.**
- You will be expected to respond to all Schoology announcements and questionnaires and/or texts or emails. **This is a critical component of the program.**
- You will be expected to attend:
  - The Youth Rep Training Program – DATE TO BE DETERMINED
  - The City Council swearing-in ceremony at City Hall Council Chambers at 7:30 PM on a Monday in late May
  - Periodic check-ins, scheduled by the Youth Representative Committee and publicized through Schoology.
- All terms will be two-year terms unless you enter the program as a senior
- A short essay, one page or less, describing your experiences as a youth representative, is **required** for each year of service. **Essays will be due by June 1<sup>st</sup>.**

NAME OF BOARD/COMMISSION/CIVIC GROUP/S:

**Please indicate your first, second, and third choice** as vacancies are limited.

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

**Please provide answers to the following questions. Be specific and cite any relevant experience, classes, and interests. For each Board, Commission, Committee or Civic Group for which you are applying provide these answers on a separate sheet of paper. At the top of each additional sheet include your name and whether the group is your first, second, or third choice. Please print out and attach these sheets to this application.**

- 1) What are the purpose, goals, meeting times, and activities of the Board/Commission/Civic Group that you are interested in becoming a Youth Rep to?
- 2) Why would you like to be a Youth Rep to the Board, Commission or Civic Group to which you have applied?
- 3) How will you contribute to the work of this organization if appointed?
- 4) What do you hope to gain from this experience?
- 5) What impact do you believe you will have on your community as a result of this experience?
- 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.)*

Name \_\_\_\_\_

## Photo Release Form for Participants under 18

Citizens for a Better City Youth Representatives Committee has my permission to use my child's photograph publicly 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: \_\_\_\_\_

## Remind APP Release Form for Participants under 18

Because not all student participants are enrolled in FCCPS and have access to Schoology, the CBC Youth Representative Initiative program will use the Remind app to facilitate communication with participating students. Remind is a FERPA-compliant communication platform that allows messaging between CBC coordinators and students/parents, scheduling reminders, and translation into 90+ languages.

Citizens for a Better City Youth Representatives Committee has my permission to add my child and myself to the Remind group, and to use the platform to communicate about the program.

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

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

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

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

Name \_\_\_\_\_