



**City of Union City 5047 Union Street. Union City, GA 30291**

**APPLICATION FOR THE UNION CITY YOUTH LEADERSHIP COUNCIL**

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**Commitment**

To successfully complete the City of Union City Youth Leadership Council, a participant must:

- Be a resident of the City of Union City.
- Be in the 10<sup>th</sup>, 11<sup>th</sup>, or 12<sup>th</sup> grade for the 2018-2019 school year.
- Commit to attend all the scheduled monthly meetings, Nov – May.
- Obtain transportation to and from meetings and events.
- Have a minimum 2.5 GPA.

**Code of Conduct**

- Be prompt and present at all meetings and dress appropriately.
- Be respectful in the treatment of and the interaction with other people.
- Be mindful of safety issues to ensure that everyone stays safe from harm and injury.
- Be courteous and do not talk on or use a cell phone during meetings.

**APPLICANT INFORMATION**

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

Name you prefer to be called: \_\_\_\_\_

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

Grade level (2018-19): \_\_\_ 10th \_\_\_ 11th \_\_\_ 12th

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

# Union City Youth Leadership Council Application

E-Mail: \_\_\_\_\_

T-Shirt/Polo Size: Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_ X-Large \_\_\_\_\_ 2X \_\_\_\_\_ 3X \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Parent(s)/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Parent(s)/Guardian

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

- a. Are you a resident of the City of Union City? \_\_\_ Yes \_\_\_ No
- b. Are you willing and available to attend all meetings of the Youth Council? \_\_\_ Yes \_\_\_ No
- c. Name any organizations, clubs or teams of which you have been or are currently a member and any leadership roles you have served.

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a) In your opinion, what are the most challenging issues facing youth today?

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b) Please briefly explain your reasons for wishing to serve on the Union City Youth Council:

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- c) Include attached recommendation form from a teacher who has known you and can attest of your leadership potential and ability to manage the demands of both school and the Youth Council.

**APPLICANT STATEMENT**

I understand that I am applying for participation in the Youth Council of the City of Union that the appointing authority will require an interview prior to consideration for appointment. I agree to the Commitment, Code of Conduct and the attendance requirement. I agree to comply at all times with all requirements of the Youth Council Rules and Regulations. All statements and information provided in this application are true to the best of my knowledge.

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Date

**PARENT/GUARDIAN STATEMENT**

**As the parent/guardian of this applicant, I support his/her participation and commitment to the City of Union City Youth Council. I understand, acknowledge, assume and accept the risk that accidents may occur while my child participates in the City of Union City Youth Council. I, the undersigned assume the risk for any and all injuries occurring to my child arising out of any and all events at Union City Youth Council.**

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

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

**PHOTO RELEASE FORM FOR MINORS (if under 18)**

**The City of Union City has my permission to use my or my child's photograph publically to promote the City. 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: \_\_\_\_\_

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**ACADEMIC OFFICIAL STATEMENT**

I confirm that the applicant has a minimum 2.5 GPA and has the ability to serve on the Youth Council.

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

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

**Please return signed application to:**

City Clerk’s Office  
City of Union City  
5047 Union Street  
Union City, Georgia 30291  
Email: [contactuc@unioncityga.org](mailto:contactuc@unioncityga.org)

For application questions please contact:

Nydia Akins 770-515-7823 or  
Shandrella Jewett 770-515-7820

**PROCEDURES FOR YOUTH COUNCIL APPOINTMENT**

1. The City will inform selected candidates via email and notify each educational institution that serves students residing within the city limits of Union City. Candidates will also be posted via the City’s bulletin board, printed newsletter or other means to inform the residents in the city including transmittal of a press release via local media.
2. Applications are due on October 19, 2018 by 5pm. Applications may be sent to the City Clerk’s Office via email, mail, or in person.

The information to remittance applications:

City Clerk’s Office  
City of Union City  
5047 Union Street  
Union City, Georgia 30291  
Email: [contactuc@unioncityga.org](mailto:contactuc@unioncityga.org)

The Youth Council Advisory Committee will review the applications and select candidates to be interviewed from Oct 22nd through Oct 26, 2018.

3. The Youth Council Advisory Committee will announce the successful candidates on November 1st, 2018.

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*Disclaimer: The City of Union City does not discriminate based on race, color, national origin, sex, disability, age, or sexual orientation.*