

PLEASE MAKE SURE TO RETURN THE ORIGINAL APPLICATION TO THE CITY OF CAPE CORAL CLERK'S OFFICE BEFORE THE DEADLINE and OBTAIN A RECEIPT FROM THE CLERK'S OFFICE.

2. LIST UP TO FIVE INTERESTS, ACTIVITIES/HOBBIES, CLUBS, ORGANIZATIONS OR SPORTS PARTICIPATE THE LAST TWO YEARS. SUBMITTING A RESUME WILL SUFFICE.

NAME OF SCHOOL, CLUB/ORGANIZATION/SPORT

WHEN INVOLVED

WHAT WAS YOUR ROLE IN THE ACTIVITY?

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

3. WHAT DO YOU SEE AS THE ROLE OF YOUTH IN OUR SOCIETY AND HOW WOULD YOU LIKE THAT TO CHANGE IN THE FUTURE?

---

---

---

---

---

4. LIST ANY SPECIAL RECOGNITION OR HONORS FOR ACADEMIC, SCHOOL, RELIGIOUS OR COMMUNITY RELATED ACTIVITIES YOU HAVE RECEIVED OVER THE LAST TWO YEARS.

---

---

---

---

---

5. WHAT ARE YOUR CAREER GOALS? \_\_\_\_\_

---

---

---

---

6. DESCRIBE A TIME WHEN YOUR ACTIONS POSITIVELY AFFECTED A PERSON, YOUR SCHOOL, OR YOUR COMMUNITY. HOW DID THAT EXPERIENCE AFFECT YOU?

---

---

---

---

---

7. IF YOU COULD CHANGE ANYTHING ABOUT YOUR COMMUNITY OR SCHOOL, WHAT WOULD IT BE AND WHY?

---

---

---

---

---

8. WHY DO YOU WANT TO SERVE ON THE CITY'S YOUTH COUNCIL? (PLEASE BE SPECIFIC)

---

---

---

---

---

9. ARE YOU WILLING TO ATTEND YOUTH COUNCIL MEETINGS ON THE SECOND FRIDAY OF THE MONTH ?

\_\_\_ YES \_\_\_ NO

10. PLEASE PROVIDE TWO REFERENCES. PLEASE SEE PAGES 4 AND 5 OF THIS APPLICATION FOR REFERENCE INFORMATION.

REFERENCE #1

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_

REFERENCE #2

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_

*I understand that if I am selected as a member of the City of Cape Coral Youth Council I will need to attend Youth Council meetings the 2<sup>nd</sup> Friday of every month (schedule to be approved every Fall) and participate in a manner that brings honor and respect to the citizens of the City of Cape Coral.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*I give permission for \_\_\_\_\_ to apply for the City of Cape Coral Youth Council. If selected, I will support him/her in attending meetings and functions related to the City's Youth Council. PARENTAL CONSENT REQUIRED (unless the applicant has reached the age of majority).*

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**Reference #1**  
**City of Cape Coral Youth Council**

This Youth Council Application, when completed, signed and filed with school administration is a PUBLIC RECORD under Chapter 119, Florida Statutes, and, therefore, is open to public inspection by any person. Applications will be retained in accordance with State Records Retention laws.

- *Youth Council Applicant:* **Two** references must be completed by non-relatives.
- *Reference:* Please include the following information about yourself so that we may contact you if necessary

Youth Council Applicant's Name: \_\_\_\_\_

Reference's Name: \_\_\_\_\_

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

City, State, and Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

1. How long have you know the applicant? \_\_\_\_\_

2. What is your relationship to the applicant? \_\_\_\_\_

\_\_\_\_\_

3. Is the applicant dependable? \_\_\_\_\_

4. Why would you recommend the applicant for this position? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Reference #2**  
**City of Cape Coral Youth Council**

This Youth Council Application, when completed, signed and filed with school administration is a PUBLIC RECORD under Chapter 119, Florida Statutes, and, therefore, is open to public inspection by any person. Applications will be retained in accordance with State Records Retention laws.

- *Youth Council Applicant:* **Two** references must be completed by non-relatives.
- *Reference:* Please include the following information about yourself so that we may contact you if necessary

Youth Council Applicant's Name: \_\_\_\_\_

Reference's Name: \_\_\_\_\_

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

City, State, and Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

1. How long have you know the applicant? \_\_\_\_\_

2. What is your relationship to the applicant? \_\_\_\_\_

\_\_\_\_\_

3. Is the applicant dependable? \_\_\_\_\_

4. Why would you recommend the applicant for this position? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_