

## EDEN YOUTH COUNCIL APPLICATION

---

The vision for the Eden Youth Council is for Eden's caring youth to be dedicated to personal development and servant leadership, empowering them to meet the needs of the youth of our community. If you are interested in applying for membership to the council, please complete the following application. Applicants MUST be a resident of the Morehead High School attendance zone and be between the ages of 14-20. You may attach additional sheets if necessary. All information must be completed in order to be considered for the Eden Youth Council.

Please type or print legibly Date of Application: \_\_\_\_\_

Name of Student: \_\_\_\_\_  
(Last) (First) (Middle)

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

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

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Female \_\_\_\_\_ Male

Race or Ethnic Group\*: \_\_\_\_\_ American Indian \_\_\_\_\_ African American \_\_\_\_\_ Asian \_\_\_\_\_ White \_\_\_\_\_

\_\_\_\_\_ Middle Eastern \_\_\_\_\_ Hispanic \_\_\_\_\_ Other (please specify) \_\_\_\_\_

\*Our goal is to accurately portray the diverse background of our community.

School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Please note that membership on the Eden Youth Council demands strict attendance. Meetings are held on the first Monday of each month at 7:30 p.m. in the Eden City Hall History Room.

Parent or Guardian \_\_\_\_\_

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

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Please check all that apply:

\_\_\_\_\_ I will have transportation to get to Youth Council meetings and/or events.

\_\_\_\_\_ I will need transportation to get to Youth Council meetings and/or events.

\_\_\_\_\_ I initiated my own interest in this program.

\_\_\_\_\_ I was asked to apply for this program.

If asked to apply - by whom? \_\_\_\_\_ Position: \_\_\_\_\_

Organization: \_\_\_\_\_

## Student Information & Interests

---

Name of Student: \_\_\_\_\_

How did you hear about the Eden Youth Council? (Circle one; if other, please specify)

Friend    EYC Member    Guidance Officer    Other? \_\_\_\_\_

Have you attended an Eden Youth Council meeting or event before? \_\_\_\_\_

Why do you want to serve as a member of the Eden Youth Council? \_\_\_\_\_

What are the three most important issues to you, your friends, and your family concerning your community?

If you could bring one thing to this City or change one thing, what would it be? \_\_\_\_\_

Do you currently have a part-time job and if so, where? \_\_\_\_\_

What are your after school activities/interests? \_\_\_\_\_

Please write a short essay on the following question: The Eden Youth Council will provide an opportunity to brainstorm with the community about youth activities and projects that are important. What vision, leadership qualities, or thoughtful guidance can you provide for the youth you will represent? (Your response may be typed and attached to this application – no more than one page).

---

---

---

---

---

---

---

---

## References

---

Please list the name and email address of two references. We will contact them for additional information.

Name of Student: \_\_\_\_\_

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

### Reference

Name of reference: \_\_\_\_\_

Position/Title/Relationship: \_\_\_\_\_

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

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

### Reference

Name of reference: \_\_\_\_\_

Position/Title/Relationship: \_\_\_\_\_

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

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

**EDEN YOUTH COUNCIL**

I have read and understand the commitment required for the Eden Youth Council. I also realize the importance of teamwork and cooperation and I am willing to make this commitment.

Student Signature: \_\_\_\_\_

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

Parent/Legal Guardian Permission:

I give permission for \_\_\_\_\_ to seek the position of representative on the Eden Youth Council. I will support his/her attendance at monthly meetings and participation in Eden Youth Council activities and projects.

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_ Emergency Telephone Number: \_\_\_\_\_

Emergency Cell Number: \_\_\_\_\_

Name of emergency contact and relationship to youth: \_\_\_\_\_

**You will be contacted by email to set up a short interview. Deadline for turning in applications for the 2020-2021 Eden Youth Council: April 30, 2020.**

**The 2020-2021 Eden Youth Council term will begin in August of 2020.**

Mail or Return to:

City of Eden-Administration  
ATTN: Blair Barker  
PO Box 70  
Eden, NC 27289