



Application for Syracuse City Youth Council

Name: _____

Age: _____ Sex: _____ Date of Birth: _____

Home Phone _____ Cell Phone _____

Email Address: _____

Street Address: _____ City/Zip: _____

Parents/ Guardian Name: _____

Which school do you attend? _____ Grade _____

What type of activities are you involved with in school? _____

What activities are you involved with outside of school? (Church, community, etc) _____

Do you work? _____ If so where? _____

Work phone number _____ Hours per week _____

How did you hear about/become interested in Youth Council? _____

What qualities do you have that would make you a good Youth Council volunteer? _____

What do you hope to gain from being a Youth Council volunteer? _____

What are your educational or career plans after graduation from high school? _____

Have you ever been arrested or had problems with the law?

Yes No If yes, what for? _____

To serve on Syracuse Youth Council, you must meet the following prerequisites.

- Must reside in the school boundaries of Syracuse High or Clearfield High.
- Must be high school age (9th – 12th grade)
- Must have a cumulative GPA of 2.5 or higher and no Unsatisfactory citizenship marks on report card. If home-schooled, must have recommendation from parent or guardian that you have satisfactory academic performance.
- Can attend Youth Council meetings on the 1st and 3rd Wednesdays of each month at 4:00pm.

Please return this application with:

- 1) Copy of latest report card
- 2) Completed recommendation form from school counselor

I hereby certify that the facts set forth in the above application are true and complete to the best of my knowledge.

Signature of applicant _____ Date _____

Signature of Parent/Guardian _____ Date _____

Return to the Syracuse City Administration Office 1979 W. 1900 S. Syracuse, UT 84075
attention: Shauna Greer, or via email at sgreer@syracuseut.com .

You will be notified of the date for your interview with Youth Council Advisors.

(*Use back if more room is needed)



SYRACUSE YOUTH COUNCIL SCHOOL COUNSELOR RECOMMENDATION FORM

Youth Council is a service oriented group under the umbrella of Syracuse City for high school aged students (9th-12th grade). Students organize service projects to better the community and learn about local government.

This form is necessary to ensure the identified student is meeting the pre-requisites to serve on Youth Council.

Student Name: _____

School: _____

Student is meeting the following requirements:

- | | | |
|--|-------|------|
| 1. Maintains a GPA of 2.5 or higher | [Yes] | [No] |
| 2. No Unsatisfactory Citizenship marks | [Yes] | [No] |

School Counselor Name: _____

Phone: _____

Email: _____

I, hereby recommend this student for Syracuse Youth Council:

Counselor Signature: _____