



Youth Advisory Council of South Bend

The South Bend Common Council is looking for eleven (11) enthusiastic and committed students -high school age to twenty-one (21) to participate on a Youth Advisory Council.

Duties of members:

- Each Youth Advisory Council Member shall be required to attend monthly meetings of the Youth Advisory Council, with one (1) excused absence permitted each year.
- Each Youth Advisory Council Member shall be required to attend not less than two (2) committee meetings of any Standing Committee of the South Bend Common Council, one (1) regular Common Council meeting, and one (1) school board meeting by the end of December of each year.
- Each Youth Advisory Council Member shall be required to attend the 1st Common Council meeting in February where the Mayor presents his or her annual State of the City Address.
- Each Youth Advisory Council Member shall participate in the annual "Civic Day" activities occurring in February at the County-City Building.
- The Youth Advisory Council may monitor other city boards and commissions for issues related to youth and make recommendations for such boards or commissions consideration when deemed appropriate.

(Ord. No. 9414-03, § I)



Youth Advisory Council of South Bend Application Form

1. Complete this application (please print or type), sign, and mail or deliver to:

Office of the City Clerk
227 W. Jefferson Blvd.,
Suite 400 S.
South Bend, IN 46601

Or email completed application to: ccouncil@southbendn.gov

Completed applications, release forms, and letters of recommendation must be filed with the Office of the City Clerk by January 31 for consideration to serve as a member of the Youth Advisory Council of South Bend.

2. Complete the “Parent/ Legal Guardian Permission/ Release” form, have parent/ guardian sign, and include with completed application.
3. Include two letters of recommendation from an unrelated adult who has known you and has worked with you.
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Date: _____

Name: _____

School: _____ Grade: _____

Home Address: _____

City: _____ Zip: _____ Telephone: _____

Email address (if applicable) _____

Date of Birth: _____ Gender: M: _____ F: _____

In which Council District do you live: _____

(If you are unsure of the district, call the City Clerk’s Office at 235-9221)

Please list school, community, church, sports and other organizations which you are active in and your role.

After graduating from high school, what are your academic and/or career goals?

Why are you interested in actively participating on the Youth Advisory Council?

Please list the most critical issues you believe youth face in South Bend or in your neighborhood.

What recommendations would you make to the Common Council to address the issues?



Parent/Legal Guardian Permission/Release Form

I give my permission for my son/daughter to seek the position of a Youth Member to the Youth Advisory Council of the City of South Bend, Indiana. If selected, I will make sure that my son/ daughter will make the necessary personal and time commitments necessary to serve the youth of our community. I further understand that as a member of the Youth Advisory Council my son/ daughter may have photos, film, digital imaging, videos, verbal and written statements of his or her likeness for promotional, web usage or other uses associated with the Youth Advisory Council. To that end, I grant permission for such usage.

(Parent/ Legal Guardian, signature)

(Date)

Emergency Contact:

Name: _____ Relationship: _____

Address: _____

Home phone: _____ Work phone number: _____

Cell phone number: _____