

**APPLICATION  
CITY OF COLUMBUS, GEORGIA  
YOUTH ADVISORY COUNCIL**

**A partnership between the City of Columbus and the Muscogee County  
School District**

*NOTE: A passport size color photo must be attached to application*

**Please type or use black ink:**

**School (Present):** \_\_\_\_\_

**School (Next school year if different)** \_\_\_\_\_

**Name** \_\_\_\_\_ **Present Grade:** \_\_\_\_\_

**Address** \_\_\_\_\_

**City State Zip**

**E-Mail Address:** \_\_\_\_\_

(Please type or print clearly)

**Home Phone** \_\_\_\_\_ **Emergency Number** \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_

**Organizations/clubs you are currently a member of** \_\_\_\_\_

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**Employment** \_\_\_\_\_

**Hours available for volunteer work** \_\_\_\_\_

**Why do you want to be involved** \_\_\_\_\_

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**Application Deadline: April 15, 2012**

**Include a letter of recommendation from an adult who has known you and can speak to your leadership potential and ability to manage the demands of both school and the Council.**

**SIGNATURES:**

**Parents/Students, for more information to familiarize yourself with YAC, please visit our web site [www.columbusga.com/yac](http://www.columbusga.com/yac).**

**Student**

**I have read and understand the time commitment required for the YAC. I am able to make such a commitment for the year.**

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

**School Officials:**

**I believe that this student has the ability to responsibly serve on the YAC.**

\_\_\_\_\_  
**School Official's Signature**

\_\_\_\_\_  
**Date**

**Parent/Legal Guardian Permission**

I give my permission for \_\_\_\_\_ to seek  
(Student's Name)  
the position of representative to the YAC.

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Date

**T-Shirt Size: Adult – SM  MED  LG  XL  XXL**

**NOTE: Transportation to and from events will be required. Transportation assistance will be offered to those in need.**

**Please mail completed application to:**

**City Manager's Office  
C/O Youth Advisory Council  
City of Columbus  
P.O. Box 1340  
Columbus, Georgia 31902  
Phone: (706) 653-4029  
Fax: (706) 653-4032**

**For information regarding the Youth Advisory Council, please contact:**

**Lisa Goodwin, Deputy City Manager (706) 653-4029  
Melvin Blackwell, Student Services Officer (706) 748-2236**