

**Deadline to Apply: MARCH 23, 2026**

# **CITY OF YORK**

## **Youth Council Committee**

### **Application/Parental Consent Form**

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The vision for the Youth Council Committee is to empower caring youth dedicated to personal development and servant leadership. If you are interested in applying for membership to the council, please complete the following application. Applicants **MUST** be a city resident and be in grades 9 through 12. Please type or print clearly in blue or black ink. You may attach additional sheets if necessary: **ALL** information must be completed in order to be considered for the Youth Council Committee.

Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

Home Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Parent/Guardian Name & Address: Name: \_\_\_\_\_

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

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The City of York does not discriminate based on race, ethnicity, sex, creed, national origin or disability. This information need not be provided. It is requested to facilitate the City of York's goal of assembling a diverse group. Omitting this information will not affect your application.

Race or ethnic group:

<input type="checkbox"/> American Indian	<input type="checkbox"/> African American	<input type="checkbox"/> Asian
<input type="checkbox"/> White	<input type="checkbox"/> Middle Eastern	<input type="checkbox"/> Hispanic
<input type="checkbox"/> Other ( <i>please specify</i> ) _____		

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

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Please check all that apply:

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

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

\_\_\_\_\_ I was asked to apply for this position. If this block is checked,

By whom? \_\_\_\_\_ Position: \_\_\_\_\_

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

► Why do you want to serve as a member of the Youth Council Committee? (feel free to add a sheet(s) of paper)

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

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

► Please list any other activities you will be involved in during the school year. Include employment, sports, community, school and religious groups.

► What personal skills and characteristics do you possess that would make you a good representative?

► If you could bring one thing to this city or change one thing, what would it be?

► Are you willing to attend the meetings, events and activities of the Youth Council for one year and commit to making a difference in our city?  Yes  No

► Do you have transportation to/from meetings & events?  Yes  No

► Please list two adult references (non-relatives) with phone numbers. You must also attach letters of recommendation from these individuals. The letters must be no more than one page in length and typed.

1. \_\_\_\_\_
2. \_\_\_\_\_

## **APPLICANT SIGNATURE**

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

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

## **PARENTAL CONSENT**

Parent/Legal Guardian Permission: I give my permission for \_\_\_\_\_ to seek the position of committee member on the City of York Youth Council Committee.

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

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

Telephone Number: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

Name & number of emergency contact and relationship to youth:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

## **Submit application to:**

Dianna L. Thompson, City Clerk  
101 S. George St.  
York, PA 17401  
Phone: (717) 849-2246  
Email: [dthompson@yorkcity.org](mailto:dthompson@yorkcity.org)

*Thank You!*