



Mooresville Youth Council Application

The Mooresville Youth Advisory Council is sponsored by the Town of Mooresville. Council members will serve as liaisons between the youth of Mooresville and the Town of Mooresville Board of Commissioners.

Please print or type the following information in black ink:

Name (First, MI, Last): _____

Age: _____ Current Grade Level: _____ School: _____

Home Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

How did you hear about the Mooresville Youth Advisory Council?

- Town of Mooresville Website
- Friends at School
- News Media
- Other

List any activities that you have been involved in over the last year. Please include activities such as church groups, employment, sports, volunteerism, and internships. Please also note if you held any type of leadership position:

Are you available for monthly evening meetings and periodic weekend activities and functions?

Yes No If no, please indicate why: _____

References:

Please provide two individuals who have known you for a period longer than one year who can attest to your character and leadership abilities. Please include all contact information requested.

Reference 1:

Name: _____ Phone: _____

Relationship: _____

Reference 2:

Name: _____ Phone: _____

Relationship: _____



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In addition to this application, please provide the following:

On a separate sheet of paper, please describe:

- Why you are interested in serving on the Mooresville Youth Advisory Council
- What you would like to learn from serving on the Mooresville Youth Advisory Council
- Why you should be selected as a member of the Mooresville Youth Advisory Council

Please read and sign:

I have read and understand the commitment required of the Mooresville Youth Advisory Council. I understand that I must participate in the selection process fully and if selected, I am able to make this commitment for the upcoming school year. I understand that I am offering my services to the Town of Mooresville without compensation.

Once I become a member of the Mooresville Youth Advisory Council, I agree to abide by all Town rules, regulations and policies, either published or in effect by custom and usage, and all rules, regulations and laws of the State of North Carolina as may be required by State Statutes. I understand that by signing the Youth Advisory Council Application, I hereby grant the Town permission to perform a check of my background, including criminal record, driving record, past employment and volunteer history and personal references. I understand that information collected during this background check will be limited to that appropriate to determining my suitability for particular types of volunteer work and that such information collected during the check will be kept confidential as provided by state and federal law. (Background checks will only occur if you are 17 years old or above)

Signature of applicant: _____ Date: _____

Parent/Guardian:

I give permission for _____ to seek membership on the Mooresville Youth Advisory Council. I will support his/her attendance at monthly meetings and in activities and projects that are affiliated with the Mooresville Youth Council.

Signature of Parent/Guardian: _____ Date: _____

Applications may be sent to:

Town of Mooresville
Attn: Rupa Venkatesh
Post Office Box 878
Mooresville, North Carolina 28115

Email:

rvenkatesh@mooresvillenc.gov