

City of Lewisville Youth Action Council

Description and Purpose:

Exceptional Lewisville teens will serve on the City of Lewisville's Youth Action Council. As part of the Council, these young service leaders advise Council on youth-related issues; assist with special projects and events; research, assess and evaluate existing youth and community programs; design and plan new youth events and activities to encourage youth involvement in the community; serve as ambassadors for, and inspire other young people by completing service projects and sharing their stories.

Benefits:

- Advise while learning about approaches for engaging youth in community service.
- Partner with like-minded youth with unique perspectives.
- Act as a youth service ambassador in Lewisville by participating in and doing outreach around teen initiatives.
- Work with government and business leaders in Economic Development to develop skills needed for entrepreneurial initiatives.

Responsibilities:

- Participate in monthly meetings during the 9-month term (September 2024 - May 2025). (*Can miss no more than three meetings.*)
- Inspire other young people to get involved in the community!

Eligibility:

- Demonstrate leadership in school and/or community activities
- Express an interest in learning more about their community
- Be a resident of Lewisville
- Be open-minded and willing to work with their peers
- Be a high school student in grades 10-12 (Age 15-18 as of September 1, 2024) and submit the application by **August 1, 2024.**



CITY OF LEWISVILLE YOUTH ACTION COUNCIL APPLICATION

Please be sure to complete the entire application. When you are finished, please email to

Tamara Miller - tmiller@cityoflewisville.com by August 1, 2024.

Please Print/Type Clearly

APPLICANT INFORMATION

Applicant's Name: _____ Grade in September 2024: _____

Birthdate (mm/dd/yyyy): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Email: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian (1) Name: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Place of Business: _____

Parent/Guardian (2) Name: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Place of Business: _____

Is at least one parent/guardian aware that you are applying for this council?

[Yes /No]

APPLICATION *Continued*

SCHOOL INFORMATION

School Name: _____ Principal's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

1) Are you a member of your school's student council or student government? [YES/NO]

If yes, describe your role:

2) Are you a member of any other organized group? [YES/NO]

If yes, what is the name of the group(s) and what is your role:

3) Please list any additional leadership roles/positions you have held or awards you have received. (include dates, names of awards, and your role titles):

