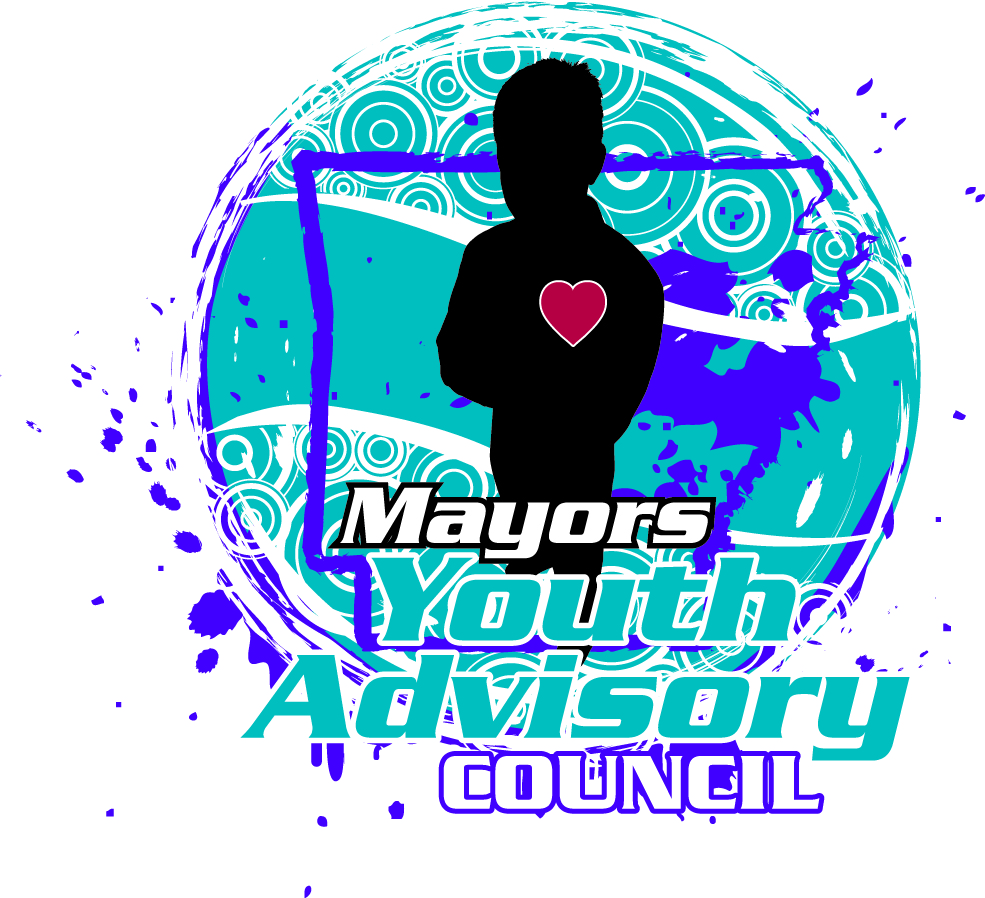
**CITY OF BENTON**

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**MAYOR’S YOUTH ADVISORY COUNCIL RE-APPLICATION**

*\*Please return completed application no later than Monday, April 17, 2017 to any of these locations:*

*Benton High School Counselors’ Office or City of Benton Mayor’s Office*

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**School attending in 2017-18: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade you will be in for 2017-18: \_\_\_\_\_\_\_\_\_\_**

1. **Do you feel that you have served faithfully as a member of the MYAC and at the volunteer projects where you volunteered?**
2. **If you feel you were unable to serve faithfully; what changes are you willing to make to be more involved in the 2017-18 MYAC?**
3. **List your planned obligations, interests and activities for the 2017-18 year (job, hobbies, organizations, clubs, sports, positions held.)**
4. **Can you attend 2 meetings monthly on the 1st & 3rd Mondays each month at 5:30 pm? \_\_\_\_\_\_\_\_\_\_\_\_**
5. **Do you have the time and the desire to serve on volunteer community projects approximately 2-4 hours a month throughout the 2017-18 year? \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* **I understand that if I am selected as a member of the City of Benton Mayor’s Youth Advisory Council, I will need to attend the regularly scheduled monthly meetings and participate in a manner that brings honor and respect to the City of Benton, its citizens and this Council.**

**Member Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* **I give my permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to re-apply for the MYAC for the City of Benton. If selected I will support him/her in attending meetings, participating in community service projects and all functions related to the MYAC.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Parent or Guardian Date**