**GLASTONBURY YOUTH ADVISORY COUNCIL**

Dear Student:

Attached is an application to participate in the Town of Glastonbury Youth Advisory Council. The Youth Advisory Council was created to give the youth of Glastonbury an opportunity to provide their valuable input into town government. This program is looking to recruit a broad selection of youth that represents the diverse nature of the youth in our community. We are interested in youth who are:

#### Personally committed to youth programs and ideas

* Accessible to other youth and interested adults
* Good listeners and can provide feedback to Town of Glastonbury staff and officials.
* Living a substance free lifestyle.
* Good leaders for their peers and younger youth in the community.

Activities of the Youth Advisory Council will include

* Bi-monthly meetings, typically Monday evenings from 6 PM until 7:30 PM, to discuss current issues that affect the Glastonbury youth and/or to plan town wide events. **Meetings dates and times to be announced (September through June). The amount of meetings may increase to accommodate event planning.**
* Youth leadership opportunities and training.
* Meetings or Town Forums during the year with key Town of Glastonbury staff, which may include the Town Manager, Chief of Police, Youth and Family Services Director, Parks and Recreation Director, Director of Human Services, Board of Education Representatives and Glastonbury Residents.

The Youth Advisory Council will consist of 15-20 voting members from the public, private and home schools or town of Glastonbury. **During the 2020/2021 School Year representatives will be;**

* A resident or a full time student of Glastonbury.
* In grades 8-12 (Currently in grades 7-11)
* Fully committed to attending meetings. **\*\*\*Maximum excused absences during the school year will total 3 and excused Tardiness or Early Dismissal will total 6 before removal from the group. Excused absences include, but are not limited to; school sponsored events or trips, family vacations, or personal illness.**
* Responsible for providing or obtaining their own transportation to & from meetings.
* Able to interview with the two Youth Advisory Council advisors, Mirela Mujcinovic and Officer Jason Trudeau, and a member of the Youth Advisory Council Executive Board. (Date to be determined.)

For further information, eligible students may contact Mirela Mujcinovic, Town of Glastonbury Substance Abuse Prevention Coordinator at 860-652-7531. Applications **must** be returned to Mirela Mujcinovic at Youth and Family Services, 321 Hubbard St. Glastonbury CT 06033 **NO LATER THAN November 27th, 2019** Students will be notified of the interview date once all applications are received.

We look forward to hearing from you.

Sincerely,

# Mirela Mujcinovic

Substance Abuse Prevention Coordinator

Glastonbury Youth and Family Services

860-652-7531

##### Town of Glastonbury

**Youth Advisory Council**

**Youth Application**

**Please type or print clearly. Return application by November 27th, 2019 to Youth and Family Services 321 Hubbard St. Glastonbury, CT 06033. Please Complete the Application in its Entirety. An incomplete application will not be considered.**

**Applicants must meet the following minimum criteria:**

1. **Be a full time student in a Glastonbury school or a resident of the Town of Glastonbury.**
2. **During school year 2020-2021 are in grades 8-12. (Currently in grades 7-11)**
3. **Be able to provide their own transportation to & from meetings.**

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| --- | --- | --- | --- | --- |
| **Name** | | | **Date of Birth** | |
| **School** | | | **Current Grade** | |
| **Address** | | **City** | | **Zip** |
| **Home Telephone**  **Cell Phone** | | **e-mail** | | |
|  | | | | |
| **Please check which applies to you:** | | | | |
|  | **I initiated my own involvement in this project.** | | | |
| **How did you hear about the Youth Advisory Council? \_\_ School \_\_Newspaper \_\_Friend \_\_\_\_\_\_\_\_\_\_\_\_Other** | **I was asked to apply for this position.** | | | |
| **If recruited for this position, by whom?** | | | | |
| Why do you want to serve on the Youth Advisory Council? What are you hoping to get out of being a member of the council? | | | | |
|  | | | | |
| What do you think are the three most important youth related issues in Glastonbury which affect you and your peers? | | | | |
| **1.** | | | | |
| **2.** | | | | |
| **3.** | | | | |
| Please list what personal skills and characteristics you possess that would make you a good youth representative? | | | | |
|  | | | | |
| Student signature | | | | |
| **I understand the time commitment required for the Youth Advisory Council. I also know the importance of leadership, teamwork and cooperation. I am able to make such a commitment to this council.** | | | | |
| **Student signature: Date:** | | | | |
| Parent/Legal Guardian’s Permission | | | | |
| **I give my permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to seek the position of representative to the Glastonbury Youth Advisory Council. (student name)** | | | | |
| **Parent/Guardian Signature Date** | | | | |
| **Telephone number in case of emergency:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Name of emergency contact and relationship to youth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |