

Palatka Youth Ambassador Program

APPLICATION

Please type or print clearly (blue or black ink only). You may attach additional sheets if necessary. All areas must be completed in order for this application to be considered.

Required attachments:

- A letter of recommendation from your principal or assistant principal.
- Your current resume.
- A 2 – 3 minute video on why you wish to participate in the Youth Ambassador Program.
- Driver license or state-issued photo ID or school-issued photo ID

Last Name: _____ First Name: _____ M.I.: _____

Gender: ___ Male ___ Female ___ I prefer not to say Date of Birth: ___/___/___

Street Address: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-mail address: _____

School: _____

Current Grade: _____ Anticipated Graduation Year: _____

Emergency contact name: _____

Emergency contact phone number: _____

Please check all:

- I and my parent(s)/guardian(s) understand and meet all of the requirements of the position listed in the Palatka Youth Ambassador Program Policy
- I and my parent(s)/guardian(s) consent to an interview for the position
- I and my parent(s)/guardian(s) have read and understand all of the duties and responsibilities of the position
- I (and my parent(s)/guardian(s) acknowledge) will have available transportation to and from Program meetings and events
- I and my parent(s)/guardian(s) agree to my attendance at City Commission meetings which take place on some Thursday evenings
- I and my parent(s)/guardian(s) consent that I shall be photographed and/or videotaped while acting as a Palatka Youth Ambassador
- I and my parent(s)/guardian(s) consent that everything submitted to the City of Palatka, including but not limited to this application and my phone number, e-mail address, gender, age, curriculum assignments, videos, photographs, etc. are public record and are therefore subject to public disclosure under Fla. Stat. 119.

- I am aware that I (and my parent(s)/guardian(s) acknowledge) that my child will attend various activities and functions as a Palatka Youth Ambassador and that I/we agree to waive all claims for liability that may arise during these activities and functions.
- I agree (and my parent(s)/guardian(s) acknowledge) that I am required to participate in at least one Florida League of Cities essay contest, video contest, etc., per year, and non-participation is grounds for dismissal.
- I am aware that I (and my parent(s)/guardian(s) acknowledge) must attend all Youth Ambassador meetings, and if for any reason I am unable to attend, I or a parent/guardian will notify the Youth Ambassador Program coordinator prior to the meeting. Missing more than three meetings during the school year may be grounds for dismissal from the program.

List three (3) community issues that are important to you.

1. _____
2. _____
3. _____

Are you employed? ____ Yes ____ No; If yes, please list the name and address of your employer:

List any other activities you are involved in (sports, community programs, school or religious groups):

What knowledge, skills, and abilities do you possess that make you a good candidate for a position with the Palatka Youth Ambassador Program?

I (Please provide this answer on a separate sheet, double-spaced and attached to this application)

By signing this application, I, the applicant, and I, the parent/guardian, am stating that the preceding information is true and correct to the best of my knowledge and I, the applicant, and I, the parent/guardian, am fully aware and agree to all terms and conditions of this application.

Applicant's Signature

Date

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian
applicant

Relationship to the

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

Relationship to the applicant