



APPLICATION FOR THE CITY OF FORT PIERCE YOUTH COUNCIL

\*Please print neatly in blue or black ink.

Name Matthew Heady Date November 23, 2019
Parent's Name(s) Maria Heady Sam Heady
Home Phone # 772-340-2124 Other Phone Line 772-528-8967
Address 654 SW Lake Charles Cir City Port St. Lucie State FL Zip 34986
E-mail Address matthew.heady@stlucieschools.org
School Name: Fort Pierce Westwood Academy Grade: 10 Age: 15
Grade Point Average: 4.26

List the extra-curricular activities that you currently take part in:
Band, ocean conservation club, national honors society, JBOTC rifle team,
JBOTC athletic team (raiders), JBOTC Academic (JLAB) team

List any other organizations or clubs you are currently a member of:
Band, ocean conservation, JBOTC, Oxbow Eco Center Volunteer

Why do you want to be involved in the City of Fort Pierce Youth Council?
Being involved in this Youth Council seemed like the best way to advocate
for our community's youth, while simultaneously becoming more experienced in
communicating with every age group in our community.

Describe your ideas and goals for this Council and how they can benefit the Community.
My goals include making it known to our community's youth that their opinions
do in fact matter so that they will be motivated to become more involved themselves.

If you could change one thing about this City, what would that be and why?
One thing I would change is the reputation Fort Pierce has, as it is seen to
many as a particularly "bad" area.

What are you passionate about?
I am passionate about succeeding in life, and motivating others to succeed
along the way.

Please Return to: The City of Fort Pierce, City Manager's office: 100 N. US Highway 1, Fort Pierce, FL
34950 or for more info, please call 772-465-4170 or email at citymanagersoffice@cityoffortpierces.com



APPLICATION FOR THE CITY OF FORT PIERCE YOUTH COUNCIL pt2.

Commitment Statement: I understand that being a member of the City of Fort Pierce Youth Council carries certain responsibilities. I agree to conduct myself as properly befitting a representative of my City and abide by all guidelines of the Council. I understand that four or more consecutive absences from Youth Council meetings is grounds for dismissal.

\*Please see the attached List of Offices and Duties document. Student Signature: I have read and understand the above commitments required for the Council.

Matthew Hardy Student Signature 11-25-19 Date

Parent/Legal Guardian Signature: I give my permission for the above named applicant to seek a position on the City of Fort Pierce Youth Council and I have read and understand the commitments required for the Council.

[Signature] Parent Signature 11-25-19 Date

\*Completing this application does not guarantee a seat on the Youth Council. If you have any questions please call 772-465-4170 or email at [citymanagersoffice@cityoffortpierce.com](mailto:citymanagersoffice@cityoffortpierce.com)