



APPLICATION FOR THE CITY OF FORT PIERCE YOUTH COUNCIL

*Please print neatly in blue or black ink.

Name Leah Johnson Date 11-02-19
Parent's Name(s) Kelly & Jeremiah Johnson
Home Phone # (772) 3700971 Other Phone Line (772) 979 0234
Address 1509 Thumb Point Dr City Fort Pierce State FL Zip 34949
E-mail Address Johnsonhouse1509@icloud.com
School Name: Lincoln Park Academy Grade: 11th Age: 16
Grade Point Average: 3.9

List the extra-curricular activities that you currently take part in:

Diving, Basketball, softball, soccer, volunteer at Westside Church,
Intern at OCI Associates, Tutor

List any other organizations or clubs you are currently a member of:

Key Club

Why do you want to be involved in the City of Fort Pierce Youth Council?

I want to get more youth involved in community events. Also, I believe that
by getting more students involved we can raise graduation rates.

Describe your ideas and goals for this Council and how they can benefit the Community.

My goals are to have more city-wide highschool programs for students to meet more
youth and encourage each other to be better. The council can also start a bullying
awareness program to lower the amount of bullying cases.

If you could change one thing about this City, what would that be and why?

I would want a bigger highschool ~~area~~ so that everyone is not as separated.
While working in downtown I have noticed many homeless that could use a
shelter or designated area to go to.

What are you passionate about?

I am very passionate about helping people succeed. I believe everyone
has potential and they can find their passion.

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@cityoffortpierce.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.

Leon Johnson Student Signature 11-7-19 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 11-30-19 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@cityoffortpierces.com