



Received
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City of Fort Pierce
City Manager's Office

APPLICATION FOR THE CITY OF FORT PIERCE YOUTH COUNCIL

*Please print neatly in blue or black ink.

Name Bree Kazen Date 11.7.19
Parent's Name(s) Ashley Kazen
Home Phone # 772.327.6269 Other Phone Line _____
Address 1110 Hernando St. City Ft. Pierce State FL Zip 34949
E-mail Address bree.kazen@gmail.com
School Name: Marine Oceanographic Academy Grade: 11 Age: 16
Grade Point Average: 3.6

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

I am currently involved in my school's competitive tennis team. I am also director of my school's news show, "The Anchor."
I also work at On the Edge and founder!

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

Junior Class MOA Representative on Student Council.
Leadership student at MOA that runs events, organizations, and recruitment.

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

I have a lot of wonderful ideas that I would love to execute.

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

A main idea that I plan to advocate for is mental health awareness. This awareness will better the lives of citizens of all ages.

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

I would change the number of homeless people in St. Lucie County. This is a topic that I hold dear to my heart, and even simply bringing awareness to the County's youth would be so meaningful.

What are you passionate about?

I am passionate about being a strong leader that does good for all people. I hope to pursue a career in hospitality management where I can spend my life knowing that I am doing good for the people around me.

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.

Bree Hazen Student Signature [Handwritten Signature] Date 11.7.19

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.

[Handwritten Signature] Parent Signature 11.7.19 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