



APPLICATION FOR THE CITY OF FORT PIERCE YOUTH COUNCIL

*Please print neatly in blue or black ink.

Name Sara Cheney Date 8/20/21
Parent's Name(s) Paul Cheney Diana Cheney
Home Phone # 772-204-2276 Other Phone Line 772-985-2067
Address 2442 SE Camarin Street City Port St Lucie State FL Zip 34952
E-mail Address Sara.Cheney@stlucieschools.org
School Name: Lincoln Park Academy Grade: 11 Age: 16
Grade Point Average: 4.0 unweighted

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

City University, Youth Leadership St. Lucie, SAT Prep Club.

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

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

I want to be involved in the Youth Council because I value this unique opportunity to be a voice for the youth in my community and assist local officials in solving issues that youth face in Fort Pierce.

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

A main goal I have for this Council is to improve communication between the City and youth. I believe this could be done through an active social media presence on youth-led platforms. This would benefit the Community by inviting youth to become active participants of the Community and it would allow youth to build meaningful connections within their community.

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

If I could change one thing about the City, I would change the level of outreach that the City maintains with youth to ensure that youth understand, feel seen, and are involved in their City.

What are you passionate about?

I am passionate about finding new ways to brighten the quality of life in my community and fostering connectivity and kindness within our wonderful City.

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



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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.

Sora Cheney Student Signature 8/20/21 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.

Paul W. Cheney Parent Signature 8/20/21 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