



APPLICATION FOR THE CITY OF FORT PIERCE YOUTH COUNCIL

*Please print neatly in blue or black ink.

Name Lita Moore Date 4/21/20
Parent's Name(s) Betsy Moore, James Moore
Home Phone # (772)-607-4668 Other Phone Line (772)216-7027 (PARENT)
Address 5703 S Indian River Dr City Fort Pierce State FL Zip 34982
E-mail Address litamoore@johnccarrollhigh.com
School Name: John Carroll Catholic High School Grade: 10 Age: 16
Grade Point Average: 4.0

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

aquarium club (president), baking club, debate club, virtual stocks club, yearbook, anchor club

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

volunteer at Heathcote Gardens and Dogs and Cats Forever

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

I love the city and appreciate its history, but I also have a vision for this town's future and I know its potential.

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

I would like to do more for kids directly, maybe with something like a playground or city groups and clubs where the youth of Fort Pierce could interact and meet new people in a safe environment.

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

If I could change anything, I'd want more areas and activities for younger people, especially near downtown.

What are you passionate about?

I am very passionate about art, history, nature, protecting the environment, and giving back to my community.

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.

Lita Moore Student Signature 4/21/20 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 4/21/20 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