



APPLICATION FOR THE CITY OF FORT PIERCE YOUTH COUNCIL

*Please print neatly in blue or black ink.

Name Lily Crawford Date _____
9/1/210 Parent's Name(s) _____
Erin Rosshopf _____
William Crawford Home Phone # _____
772-318-9034 Other Phone Line _____
Address 702 Hearnsey Rd _____
City Fort Pierce State FL Zip 34982 E-mail Address _____
llcrawford131@gmail.com _____
School Name: Lincoln Park Academy Grade: _____
12th Age: 17 Grade Point Average: 3.54

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

National Honor Society, Key Club, DECA Club, Greyhound Givers, Club, County District, State Level 4-H

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

National Society of Leadership and Success

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

I think it will be a good opportunity to build connections with local leaders and make a positive impact in Fort Pierce.

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

The biggest goal I have for the Council would be to work on water quality.

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

One thing I would change about this city is how we look at our diversity. I think that if everyone united and were kind to each other we would be more successful and a better environment for growth.

What are you passionate about?

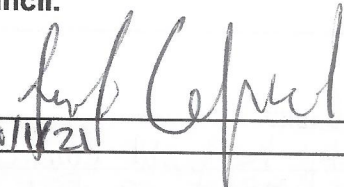
I am passionate about community service and making our town the best it can possibly be.

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.

9/11/21  _____ Student Signature
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.

9/11/21  _____ Parent Signature
Date