

**APPLICATION FOR THE CITY OF FORT PIERCE YOUTH COUNCIL**

\*Please print neatly in blue or black ink.

Name Reese Adams Date 09/18/2022  
Parent's Name(s) Amanda Adams Ronald Adams  
Home Phone # n/a Other Phone Line 772-528-1493 (Amanda)/772-595-2754 (Reese)  
Address 5382 NW Commodore Terr City Port St. Lucie State FL Zip 34983  
E-mail Address Reesema2007@gmail.com  
School Name: Lincoln Park Academy Grade: 9 Age: 14  
Grade Point Average: \_\_\_\_\_

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

I play cello in the LPA Orchestra, and I practice Martial Arts with Scorpion Martial Arts.  
\_\_\_\_\_

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

Lincoln Park Academy Orchestra, Scorpion Martial Arts, and National Junior Honor Society.  
\_\_\_\_\_

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

I would like to help make my community a better place.  
\_\_\_\_\_

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

I would like to bring ideas about how the Council can work to try to help the community through supporting the public schools.  
\_\_\_\_\_

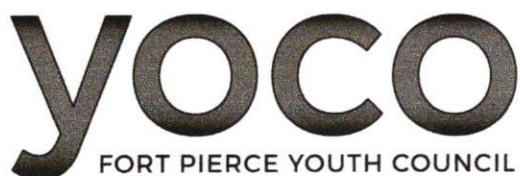
**If you could change one thing about this City, what would that be and why?**

I would like to see the community support our schools and help them to received much needed funding. When I am at school I see teachers struggle to get items they need to support their students in the classroom, and often have to use their own money.

**What are you passionate about?**

I am passionate about improving the world which starts in the community and even more through quality education. I am also passionate to learn about history, science, and literature.

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](mailto:citymanagersoffice@cityoffortpierces.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.

Reese Adams Student Signature 9/18/22 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 9/18/22 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](mailto:citymanagersoffice@cityoffortpierce.com)