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FORT PIERCE YOUTH COUNCIL

APPLICATION FOR THE CITY OF FORT PIERCE YOUTH COUNCIL

*Please print neatly in blue or black ink.

Name Iyonee Allen Date Sep, 15, 2022
Parent's Name(s) Tanesha Jones
Home Phone # 772-882-2351 Other Phone Line 754-308-9328
Address 2513 S 17th St Apt 208 City Fort Pierce State FL Zip 34982
E-mail Address Iyonee Allen 23456@icloud.com
School Name: Fort Pierce Central High Grade: 12 Age: 16
Grade Point Average: 3.0

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

Boys & Girls Clubs of St. Lucie County = Keystone + Cheerleading
Fort Pierce Central Chorus

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

Boys & Girls of St. Lucie County at Percy Peck:
I'm Keystone President (similar to student Government)

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

I want to be involved because I want to better
my community. I want to better my community because
this is my home and I want to see my community do good.

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

I would love to bring more events to Fort Pierce so teens
would feel safe. Teens would be willing to attend events because
they want to interact & socialize also it would bring good attention
to Fort Pierce.

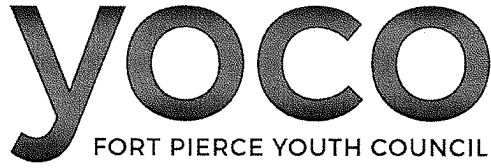
If you could change one thing about this City, what would that be and why?

One thing I'd change would be how people view Fort
Pierce because we are more gang & gun violence

What are you passionate about?

I'm passionate about helping kids in my community
because they need to see positivity

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



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.

[Handwritten Signature] Student Signature SEP 15, 2022 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.

[Handwritten Signature] Parent Signature [Handwritten Signature] Date 8/15/22

*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