

APPLICATION FOR THE CITY OF FORT PIERCE YOUTH COUNCIL

\*Please print neatly in blue or black ink.

Name Deonna Davis Date 8/26/22
Parent's Name(s) Dana Hamm
Home Phone # Other Phone Line 772-828-6891
Address 3307 Metzger rd City Fort Pierce State FL Zip 34947
E-mail Address deonna.davis.05@gmail.com
School Name: Lincoln Park Academy Grade: 11th Age: 16
Grade Point Average: 2.75

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

LPA: Chorus (3 years)
PCC: singing national anthem, healthy life styles, smart girls, career launch, money matters (over 10 years).

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

LPA: chorus, Belle Voix
PCC: Keystone, Podcast
End It (Leverbodys not doing it).

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

I enjoy doing things throughout the community.
I love working with others and I feel compassionate about what I do.

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

I feel as though we don't have enough teen related events and activities. This community has alot of troubled kids and I feel like if we put activities together they would have something to do rather than doing things to get in trouble.

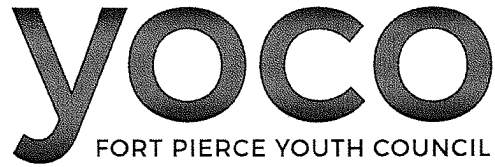
If you could change one thing about this City, what would that be and why?

I would change the type of environment we're in because of the gang activity. We need to plan different events on the regular to keep them active and off the streets.

What are you passionate about?

I am very passionate about getting things done in what I believe in. I believe we can change this city but it all starts with commitment, which I have. This city has alot of change that can take place just by giving me kids things to do. The little things matter.

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.

Geonna Davis Student Signature 8/26/22 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.

Dora Ann Parent Signature 8/26/22 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)