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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 Shirley Hawthorne Date 7/26/2003
Parent's Name(s) David Hawthorne
Home Phone # (272) 234-1444 Other Phone Line _____
Address 1015 25th St City Fort Pierce State FL Zip 34947
E-mail Address shirleyhawthorne@aol.com
School Name: St. Mary High School Grade: 7 Age: 16
Grade Point Average: A B

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

I have done Ballet, tap dance, cheerleading, gymnastics
and practice tennis.

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

The Girl Scouts Club of St. Lucie County

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

I want to use my voice to help with things that I think are
important to our community and to help someone something in need
to help the people that are themselves again.

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

my idea is to help the help people all around the world
helping them find their voice and giving confidence to stand up
for themselves.

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

the way people react to someone because I dislike
when people discriminate is what is right about.

What are you passionate about?

I am passionate about helping others and ~~helping~~ creating
change for the world as well as the future.

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.

Shayla Hawthorne Student Signature 7/26/2023 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.

Destie Hawthorne Parent Signature 7/26/2023 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