



APPLICATION FOR THE CITY OF FORT PIERCE YOUTH COUNCIL

*Please print neatly in blue or black ink.

Name Kashyilla Wood Date 7-20-23
Parent's Name(s) Madetric Wood Kahari Wood
Home Phone # 772-919-5315 Other Phone Line 850-322-1895
Address 9460 Meadowood Dr Unit 204 City Fort Pierce State FL Zip 34951
E-mail Address Kashyillawood@gmail.com
School Name: Westwood MOA Grade: 9th Age: 14
Grade Point Average: 3.9

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

Jack and Jill of America inc., Alph Kappa Alpha Sorority
Precious Pearls Eta Eta Omega Chapter Youth Group,

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

River of Life NextGen Youth Ministries

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

I want to be involved in the City of Fort Pierce Youth Council
because I wanna have a voice in the community I live in.

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

My ideas and goals for this council is to bring an impactful
voice for the youth and next generation.

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

If I could change one thing about this city it would be more
road cleanups because we deserve to live in a nice and
beautiful town.

What are you passionate about?

I am passionate about God, my family, my friends, and my
community.

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 citymanager_dl@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.

Maahla Reed Student Signature 7/20/23 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.

Kahai Wade Parent Signature 7/20/23 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 citymanager_dl@cityoffortpierce.com