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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 Ilija Robinson Date 7/15/16
Parent's Name(s) Cassandra Wilson
Home Phone # _____ Other Phone Line (772) 801-3745
Address 1605 N 18 St City Ft. Pierce State Fla. Zip 34950
E-mail Address Robinsonilija@gmail.com
School Name: W.E.S.T Prep Magnet Grade: 4th Age: 14
Grade Point Average: _____

List the extra-curricular activities that you currently take part in:
None

List any other organizations or clubs you are currently a member of:
None

Why do you want to be involved in the City of Fort Pierce Youth Council?
To create a vision of what some of the young minds would like to see.

Describe your ideas and goals for this Council and how they can benefit the Community.
My idea is to change the way people sees the community, the goal is to change and help the people it can help the community by people having something to lean back on.

If you could change one thing about this City, what would that be and why?
The way people see ave D because this city hold a lot of historical background and ave D was one of most historic places were people went just to see and hear whats around them

What are you passionate about?
Singing, working, God, Helping other when I can.

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

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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.

Robinson Student Signature 7/15/26 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.

Parent Signature 7/15/26 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