yoco
FORT PIERCE YOUTH COUNCIL

APPLICATION FOR THE CITY OF FORT PIERCE YOUTH COUNCIL
*Please print neatly in blue or black ink.

Name Kiera Bell Date 7-15-26
Parent's Name(s) Tina Bell Michael Bell
Home Phone # ~~813~~ 772-634-3108 Other Phone Line 813-319-2603
Address 6702 Penny Ln City Ft. Pierce State FL Zip 34951
E-mail Address kierabell19@gmail.com
School Name: Lincoln park Academy Grade: 9 Age: 14
Grade Point Average: 4.0

List the extra-curricular activities that you currently take part in:
Dungeons & Dragons club. 8th grade event commite.
~~Caribbean~~ heritage club
cultural

List any other organizations or clubs you are currently a member of:
~~NAH~~ Westside Boys club teens program.

Why do you want to be involved in the City of Fort Pierce Youth Council?
To learn more about government, and to have a say about what affects the youth in the community.

Describe your ideas and goals for this Council and how they can benefit the Community.
~~I~~ I want to be a voice for the youth in the community

If you could change one thing about this City, what would that be and why?
Affordable housing, so hard working people don't have to ~~live~~ live in poverty. Blight in the community.

What are you passionate about?
Academics, Band, Arts, writing.

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.

Kiera Bell 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.

Tina Bell 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