



**OCOEE YOUTH COUNCIL**  
"Involving Youth in the Decision-Making Process"  
**APPLICATION**

All submitted applications are public records under Chapter 119, Florida Statutes, and are open to inspection by all persons.

**Student Information**

**Name:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_  
*Last First M.I.*

**Address:** \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Date of Birth** MM/DD/YYYY: \_\_\_\_\_ **Gender:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Grade Level:** (8): (9): (10): (11): (12):

**School Name:** \_\_\_\_\_

**Do you have transportation to meetings and activities?** YES NO

**Questions**

Please complete ALL questions in the space provided.

What do you hope to gain by participating in the Ocoee Youth Council (OYC)?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What three issues are most important to you, your friends, and your family concerning your neighborhood or the City of Ocoee?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list all activities that you participate in during the school year. Include sports, employment, school groups, community service, and extra-curriculum activities. You may include an additional sheet of paper or your resume.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent/Legal Guardian Information**

Parent/Legal Guardian Full Name: \_\_\_\_\_

\_\_\_\_\_ Last

\_\_\_\_\_ First

\_\_\_\_\_ M.I.

Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

I \_\_\_\_\_ (parent/guardian name) give the Ocoee Youth Council (OYC) my permission on behalf of my and/or my minor child to use reproductions of photographs, images, video images, testimonials and voice recordings for media coverage, marketing materials, recreational brochures, internet, social media, or for any other use deemed appropriate by the City of Ocoee. I understand the photographs and images taken belong to the OYC and we will not receive payment or compensation of any kind.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Student Required Materials Checklist**

- 1.  Please complete the attached Teacher Recommendation form.
- 2.  Attach a current report card or transcript.
- 3.  Submit this OYC application with complete information and signatures.

I \_\_\_\_\_ (student name) have read and understand the commitment required to be a member of the Ocoee Youth Council. I certify that my answers are true and complete to the best of my knowledge.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To Be Completed by OYC Staff**

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Shirt Size:  (S)  (M)  (L)  (XL)  (2X)  (3X)  (other:\_\_\_\_\_)

Notes:

\_\_\_\_\_  
\_\_\_\_\_

Accepted:

YES NO



# OCOEE YOUTH COUNCIL - APPLICATION

## Teacher Recommendation Form

**Note to teachers:** Please place recommendation form in a sealed and signed envelope!

\_\_\_\_\_, is applying to serve on the Ocoee Youth Council in Ocoee, FL.  
The applicant should be a student who is driven, self-motivated, and a positive influence for his/her peers.

Please briefly comment on the students:

Work Habits:

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Attitude:

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Interpersonal Relations:

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Please rate the student on his/her:

<u>Qualities</u>	<u>Scale</u>	
_____ Timeliness/Attendance	5 = Excellent	2 = Fair
_____ Dependability	4 = Very Good	1 = Poor
_____ Ability to Take Initiative	3 = Average	0 = Unknown

Additional Comments/Concerns:

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Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_