

POMONA PARK YOUTH AMBASSADOR PROGRAM APPLICATION

APPLICATIONS DUE OCTOBER 1ST 2024 BY 4:00PM APPLICATIONS MAY BE DROPPED OFF AT TOWN HALL MONDAY- FRIDAY 8AM-4PM 1775 HWY 17 S POMONA PARK, FL 32181 QUESTIONS PLEASE CALL TOWN CLERK ANDREA @ 386-649-4902

Please type or print clearly (blue or black ink only). You may attach additional sheets if necessary. All areas must be completed in order for this application to be considered.

Required attachments:

| Required attachments. | | | | |
|----------------------------|--|-----------------------------|--|--|
| leader in your com | lent ages 13-18 in Public School, Private, Homeschool in th | | | |
| | tate-issued photo ID or school-issued photo ID | | | |
| Last Name: | First Name: | M.I.: | | |
| Street Address: | Zip Code: | _ Date of Birth: | | |
| | Cell Phone: | | | |
| | | | | |
| | | | | |
| Current Grade: | Anticipated GraduationYe | ear: | | |
| Emergency contact name: | | | | |
| Emergency contact phone nu | umber: | | | |
| Please check all: | | | | |
| | uardian(s) understand and meet all of the requ Park Youth Ambassador Program Policy | airements of the position | | |
| I and my parent(s)/g | I and my parent(s)/guardian(s) consent to an interview for the position | | | |
| | I and my parent(s)/guardian(s) have read and understand all of the duties and responsibilities of the position | | | |
| | I and my parent(s)/guardian(s) acknowledge I will have available transportation to and from Program meetings and events | | | |
| | I and my parent(s)/guardian(s) consent that I shall be photographed and/or videotaped while acting as a Pomona Park Youth Ambassador | | | |
| Town of Pomona Par | uardian(s) consent that everything submitted t k including but not limited to this application a | and my phone number, e-mail | | |
| | curriculum assignments, videos, photographs, ject to public disclosure under Fla. Stat. 119 | etc. are public record | | |

| least one Florida League of Cities essay cont non-participation is grounds for dismissal. | weldge) that I am required to participate in at test, video contest, etc., per year, and |
|--|---|
| will notify the Youth Ambassador Program | n(s) acknowledge must attend all Youth I am unable to attend, I or a parent/guardian coordinator prior to the meeting. Missing more may be grounds for dismissal from the program. |
| | nd I, the parent/guardian, am stating that the ne best of my knowledge and I, the applicant, and I to all terms and conditions of this application. |
| Applicant's Signature | Date |
| Signature of Parent/Guardian | |
| | |

List three (3) community issues that are important to you.

| 1. | | |
|----|------|--|
| 2. | | |
| 3. | | |
| | | |

Please provide this answer on a separate sheet, double-spaced and attached to this application

Application Questions

Why are you interested in joining the Pomona Park Youth Council?

(Please describe your reasons for applying and what you hope to gain from this experience. Minimum 150 words)

What qualities, skills, or experiences do you have that would make you a valuable member of the Youth Council?

(Consider mentioning any leadership roles, community involvement, or relevant personal attributes.)

Describe a local issue that is important to you and how you think the Youth Council could address it. (Explain the issue and suggest possible solutions or actions that could be taken.)

What are your hobbies, interests, or extracurricular activities? (Feel free to mention any clubs, sports, volunteer work, or other activities.)