**District 1 Community Council’s**

 **Youth Council**

**APPLICATION**

*Thank for your interest in being a member of District 1’s Youth Council, a group of 8-10 youth!*

**IMPORTANT APPLICATION INFORMATION**

* **Applications must be submitted via email attachment to** district1chia@gmail.com OR **sent to:**

District 1 Community Council

2105 ½ Old Hudson Road – SunRay Center

Saint Paul, MN 55119

* This is a **volunteer** community engagement opportunity.
* Interested youth must live in the District 1 neighborhood. If you are unsure if you live within the neighborhood, contact me.
* Youth Council members meets biweekly including two main events per month.
* You will be notified once I receive your application. If at any time you have questions about the Youth Council or the application process, please feel free to contact me through email or number: (651) 578-7400.

*Sincerely,*

 *Chia Lor*

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 **District 1 Youth Council Member Description**

**Who:** Youth ages 14 - 20

**When:** Ongoing

 4 - 8 hours per month (We'll meet every other week for 2 hours including youth events)

at District 1 Community Council Office (2105 ½ Old Hudson Rd – Sun Ray Center)

**Goals of D1 Youth Council:**

1. Establish a base of youth leaders that will drive youth voices in District 1 by identifying and leading youth activities.

 2. Increase youth and families’ awareness and participation in our neighborhoods.

**Responsibilities:**

* Attend bi-weekly meetings
* Identify and organize around issues important to youth
* Identify and organize youth activities
* Take responsibility for work between meetings.
* Outreach to other District 1 youths
* Take risks, learn and grow!

**Current Youth Events:**

East Side Pride Open Mic – Every 3rd Tuesdays of the month at the East Side Freedom Library.

Speakers of Color Series – Every 2nd Tuesdays of the month at the Sun Ray Library.

**District 1 Youth Council Member – APPLICATION**

**Submit application via email attachment to district1chia@gmail.com or mail to District 1 Community Council.**

**Contact & Personal Information:**

Name: Gender:

Racial/Cultural background: School:

D.O.B/Age (mm/dd/yyy):

Local Mailing Address:

Phone: Email:

**Questions about YOU!**

1. Name 3 characteristics about yourself that you are proud of.
2. Why are you interested in being part of the District 1 Youth Council?
3. Have you heard of a District Council (DC) before? If yes, have you participated in any DC events?
4. Is there any major obligations or event during the year that may take time away from your work with the Youth Council?

**Parent Permission For Youth Under 18:**

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| I give permission for my child, |  |  |
| to participate in: | the District 1 Youth Council |  |
| From | April, 2016 | to | Ongoing |  |
| In case of an emergency, please contact: |
| Name |  | Phone |  |  |
| Signature |  | Date |  |  |
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