

# Orange County, Virginia Youth Council

**\*\*All interested applicants must have their application turned in to the Office on Youth, or postmarked, by Friday, August 31, 2018.\*\***

## *Application for Membership*

*The Orange County Youth Council is comprised of youth in 8<sup>th</sup> – 11<sup>th</sup> grade. They are appointed to represent the youth population and to advise the Orange County Youth Commission and the Office on Youth of the needs of Youth in Orange County.*

## *Youth Council Members*

- ❖ *Act as an advisory board to the Orange County Youth Commission.*
- ❖ *Represent Orange County Youth on issues important to them.*
- ❖ *Identify ways to improve Orange County for its youth.*
  - ❖ *Raise funds for youth related activities.*

## *Membership Criteria*

1. *Applicants must be a resident of Orange County or attend Orange County Public Schools.*
2. *Applicants can be in grades 8-11 with at least a 2.25 GPA. (Members of the Council who are transitioning from 11<sup>th</sup> to 12<sup>th</sup> grade may return as long as all membership requirements are met during their 11<sup>th</sup> grade year.)*
3. *Terms shall be for one (1) year in accordance with the By-Laws.*
4. *Each member of the Orange County Youth Council must conduct himself or herself in a positive, friendly, and law-abiding manner at all times.*
5. *Applicants must be willing to attend at least one meeting a month. Any member that misses three or more consecutive regularly scheduled meeting or event will be subject to dismissal from the Council.*
6. *All applicants will be considered regardless of race, color, gender, national origin, or disability.*

*Applications that are not complete and not legible will not be considered.*

If interested, complete this application and submit it to:

Orange County Office on Youth  
146 Madison Road, Suite 205  
Orange, VA 22960  
Attn: Youth Council

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**Please Print**

**\*\*If application is not legible, it will not be considered.**

Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address \_\_\_\_\_

E-mail address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

**Parent / Guardian Information**

Mother/Guardian

Father/Guardian

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

What are you most interested in? Please check all that apply.

- Social and Recreation
- Alcohol & Drug Awareness
- Community Service
- Youth Advocating for Animals
- Environmental
- Reaching Out to Kids in Need
- Fundraising
- Teen Distracted Driving (Texting/Drinking)
- Other \_\_\_\_\_

## *Applicant Experience*

*Please Print*

*Please list activities in which you have participated. Include organizations, school-related activities, and community activities. Attach a separate sheet if needed. (Ex: football, church choir, etc.)*

<i>Name of Organization</i>	
<i>Title or Position</i>	
<i>Period of Involvement</i>	<i>Hours per week</i>
<i>Name of Sponsor</i>	<i>Phone Number</i>
<i>Name of Organization</i>	
<i>Title or Position</i>	
<i>Period of Involvement</i>	<i>Hours per week</i>
<i>Name of Sponsor</i>	<i>Phone Number</i>
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<i>Period of Involvement</i>	<i>Hours per week</i>
<i>Name of Sponsor</i>	<i>Phone Number</i>

## *Employment*

*Please Print*

*Beginning with your present or most recent job, please list your employment history.*

<i>Name of Employer</i>	<i>Phone Number</i>
<i>Period of Work</i>	<i>Hours per Week</i>
<i>Type of Work</i>	
<i>Name of Employer</i>	<i>Phone Number</i>
<i>Period of Work</i>	<i>Hours per Week</i>
<i>Type of Work</i>	
<i>Name of Employer</i>	<i>Phone Number</i>
<i>Period of Work</i>	<i>Hours per Week</i>
<i>Type of Work</i>	

## *Personal References*

<i>Name</i>	<i>Address</i>	<i>Phone</i>	<i>Relationship</i>
1.			
2.			
3.			



### *Applicant Statement*

*I hereby certify that the information I have given is true and correct to the best of my knowledge. I understand that provision of false information may disqualify my consideration. I authorize the release of this information for verification purposes and understand it will be used only to process my application. I also understand that by submitting this form, I am submitting an application to participate as a member of the Orange County Youth Council and said application is only complete upon receipt of the Parental/Guardian Consent and Liability Release form and receipt of GPA certification signed by my school counselor. Upon submission of the application, I understand that I will be considered for membership with all other applicants and that I may or may not be selected for membership. If selected, I agree to abide by the Orange County Youth Council By-Laws and understand that I will be removed from the membership for failure to do so.*

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date*

### *Parental Consent*

*I, the undersigned, do hereby consent to my child's participation in the Orange County Youth Council. I acknowledge that I have read and understand the Orange County Youth Council By-Laws and allow my child to attend all meetings and events relative to this program; and that I understand that my child will be removed from membership for failure to comply with the requirements as listed in the By-Laws. I also acknowledge that upon submission of this application, my child will be considered for membership with all other applicants and that my child may or may not be selected for membership. I further acknowledge that my child's participation in this program is voluntary, and I agree to release the County of Orange and all of their employees, officials, and any and all individuals and organizations assisting or participating in the program from any and all claims for personal injuries and property damage which my child may suffer while participating as a member of the Orange County Youth Council.*

\_\_\_\_\_  
*Parent or Guardian Signature*

\_\_\_\_\_  
*Date*

*Orange County Youth Council*

*GPA Verification Form*

***To Be Completed by the Student***

*This form must be signed by your counselor or other school official, verifying your weighted GPA on 4.00 scale. Please complete the following information below and sign and date the release of information section. Ask your school counselor to complete the remainder of the form and return it to you to include with you application.*

*Applicant's full name:* \_\_\_\_\_

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

*Release of information*

*I grant permission to release all information regarding my GPA to the County of Orange, as deemed necessary for consideration for membership to the Orange County Youth Council.*

*Signature of Applicant:* \_\_\_\_\_ *Date:* \_\_\_\_\_

***To Be Completed by your School Counselor***

*Please provide requested information below and return the form to the student so that he or she may submit it with their application.*

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

*The above named student has a cumulative weighted GPA on a 4.00 scale of* \_\_\_\_\_

*Student's current grade level* \_\_\_\_\_

\_\_\_\_\_  
*Printed Name of Authorized Official*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Authorized Official*

\_\_\_\_\_  
*Phone*

\_\_\_\_\_  
*School Official's Title*