

Orange County, Virginia Youth Council

Application for Membership

The Orange County Youth Council is comprised of youth in 8th – 11th 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 11th to 12th grade may return as long as all membership requirements are met during their 11th 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.

Applications are due to the
Orange County Office on
Youth, or postmarked by,
Friday, September 2, 2022.

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

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 _____

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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.)

Name of Organization	
Title or Position	
Period of Involvement	Hours per week
Name of Sponsor	Phone Number
Name of Organization	
Title or Position	
Period of Involvement	Hours per week
Name of Sponsor	Phone Number
Name of Organization	
Title or Position	
Period of Involvement	Hours per week
Name of Sponsor	Phone Number
Name of Organization	
Title or Position	
Period of Involvement	Hours per week
Name of Sponsor	Phone Number

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Employment

Please Print

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

Name of Employer	Phone Number
Period of Work	Hours per Week
Type of Work	
Name of Employer	Phone Number
Period of Work	Hours per Week
Type of Work	
Name of Employer	Phone Number
Period of Work	Hours per Week
Type of Work	

Personal References

Name	Address	Phone	Relationship
1.			
2.			
3.			

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Additional Information

To give each applicant the opportunity to demonstrate his or her ability for the Youth Council, please answer the following questions limiting each response to 100 words or less. Use a separate sheet of paper if necessary and attach the response sheet to the application and submit together.

Please be sure all answers are legible.

1. Why do you believe that you would be a good candidate for the Youth Council? Any special qualities?

2. What is your vision for the Youth Council? Why should there be one?

3. In your opinion, what is the most critical issue facing youth in your school, in your neighborhood, and in your county? What can a Youth Council do to help resolve this issue?

4. Please list all of your hobbies and interests. (Ex: art, music, swimming – be specific if possible)

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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

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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