



City of Satellite Beach City Clerk's Office 565 Cassia Blvd Satellite Beach, FL 32937
(321)773-4407 FAX: (321)779-1388 E-Mail: Clerk@satellitebeach.gov

Application for Youth Council

Thank you for your interest in serving on the Youth Council.

Members must be students enrolled and engaged in study in grades 9 through 12 and residents of the City of Satellite Beach or non-residents who attend Satellite High School.

Priority will be given to City of Satellite Beach residents.

First Name	Middle or Nick Name	Last Name	Age	Date
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School	Grade
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Address	Home #
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Email Address	Cell #
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Parent/Guardian	Parent Cell#
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Why do you want to serve on the Youth Council? (You may attach additional sheets)

Please list any other activities you are/will be involved in during the school year

What skills and characteristics do you possess that would make you a good representative?

What are the most important issues to you, your friends and family concerning our community?

If you could bring one thing to this City or change one thing, what would it be?

Commitment Statement: I understand that being a member of the City of Satellite Beach Youth Council carries certain responsibilities. I agree to conduct myself as properly befitting a representative of my City and abide by all guidelines of the City Boards Handbook.

Student Signature

Date

Parent/Legal Guardian Consent: I give my permission for the above named applicant to seek a position on the City of Satellite Beach Youth Council and I have read and understand the commitments required for the Council.

Parent/Guardian Signature

Date

Submit completed applications to: City Clerk, 565 Cassia Boulevard, Satellite Beach, FL 32937
Email: Clerk@satellitebeach.org

FOR OFFICE USE ONLY

Received by: _____ Date: _____

____ Verified Residence

____ Interview with Council on _____ Confirmed Attendance _____

____ Received Handbook