**FRANKLIN COUNTY YOUTH COUNCIL**

The Franklin County Youth Council is a leadership program for middle-high and high school student’s grades 8th, 9th, 10th, 11th, and 12th to provide leadership and improve services for youth in Franklin County. The FCYC is presently seeking middle and high school students to become actively involved in the council for 2025-2026.

Purpose: To encourage youth involvement in the community, build leadership skills and voice policy ideas and concerns of community youth.

A few FCYC components:

• To meet with key individuals to address how various issues affect youth and policy development

• To create and promote positive activities and opportunities for youth

• To develop and enhance leadership skills, and participate in leadership trainings

• To take part in focus groups and dialogues to develop community service projects addressing youth concerns

• To learn about civic and social responsibility to make effective community changes

• To work with other youth organizations and participate in peer trainings for developing youth programs

Applications can also be dropped off at 993 E. Main St or email to Ms. Susie at snorwood@cndcolumbus.org you can also call Ms. Susie at 614-272-1464 EXT 777

**Your Information**

|  |  |
| --- | --- |
| Name |  |
| Other Name / Nickname  |  |
| Physical Home Address |  |
| City, State, ZIP Code |  |
| Mailing Address (if different then above) |  |
| City, State, ZIP (if different then above) |  |
| Phone # 1 |  |
| Phone #2 |  |
| Email Address |  |

**Personal Information**

|  |  |
| --- | --- |
| **Age & Date of Birth** |  |
| **Gender** |  |
| **Race** |  |
| **Ethnicity** |  |
| **T-Shirt Size** |  |
| **Attach a Head-shot of yourself** |  |
| **Parent/Guardian #1** |  |
| **Parent/Guardian #2** |  |
| **School / Educational Program** |  |
| **School District** |  |
| **Current Grade** |  |
| **Expected Graduation Date** |  |
| **GPA** |  |
| **Honors / Awards / etc.** |  |
| **Special Interest**  |  |
| **Career Plans** |  |
| **Extracurricular Activities**  |  |
| **Name of Person who referred you** |  |
| **Where did you get your application for FCYC?** | **See next page.** |

**Where did you get the application?**

1. **School**
2. **Community Center**
3. **Place of Worship**
4. **Other**

**Applicant Experience:**

**Please list your most recent jobs or volunteer experiences. Include organization, club participation and other programs you are involved in.**

|  |  |
| --- | --- |
| **Name of Organization** |  |
| **Title or Position** |  |
| **Period of Involvement** |  |
| **Name of Reference**  |  |
| **Contact Phone #** |  |

|  |  |
| --- | --- |
| **Name of Organization** |  |
| **Title or Position** |  |
| **Period of Involvement** |  |
| **Name of Referral**  |  |
| **Contact Phone #** |  |

**Applicant Information**

1. **What special qualities do you have that would make you an effective FCYC member?**

**FCYC Mission: To amplify youth voices throughout Franklin County.**

1. **What do you think the FCYC should do? How would you as a perspective member implement this mission?**
2. **In your opinion, what are the most critical issue facing young people today? How should the FCYC address these concerns?**

**Applicant Statement**

**I hereby certify the information I have given is true and correct to the best of my knowledge. I understand that provision of false information may disqualify me for consideration. I authorize the release of this information for verification purposes and understand it will be used only to process my application.**

**Signature Date**

**Parent / Guardian Section**

|  |  |
| --- | --- |
| **Adult Name** |  |
| **Physical Home Address** |  |
| **City, State, ZIP Code** |  |
| **Mailing Address (if different then above)** |  |
| **City, State, ZIP (if different then above)** |  |
| **Phone # 1** |  |
| **Phone #2** |  |
| **Email Address** |  |
| **Gender** |  |
| **Ethnicity** |  |
| **Other Contact Information** |  |
| **Total Household Size** |  |
| **Monthly Family** **Income Range**  |  |
|  |  |

**Other Parent/Guardian Information**

|  |  |
| --- | --- |
| **Adult Name** |  |
| **Physical Home Address** |  |
| **City, State, ZIP Code** |  |
| **Mailing Address (if different then above)** |  |
| **City, State, ZIP (if different then above)** |  |
| **Phone # 1** |  |
| **Phone #2** |  |
| **Email Address** |  |
| **Gender** |  |
| **Ethnicity** |  |
| **Other Contact Information** |  |

**Emergency Contact**

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
| **City, State, ZIP Code** |  |
| **Home Phone** |  |
| **Cell Phone** |  |

**Parent/Guardian Agreement and Signature**

**I have reviewed the FCYC application and agree that all the information is complete and accurate. My signature confirms my understanding and expectations of my child’s involvement in the FCYC and confirms my full consent for her/his participation if selected.**

**Print Name**

**Signature**

**Contact Phone Number**

**Date**