

**Mayor**  
Shelton S. "Mac" Watts

**Councilmembers**  
Ralph Washington, Pro-Tem  
Louis DeJohn, Jr.  
Joan Lansing  
Aaron Moak  
Lucky Ross, Jr.



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## Mayor's Youth Advisory Council Application City of Central

**Name: First** \_\_\_\_\_ **Last** \_\_\_\_\_

**Address** \_\_\_\_\_

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

**School** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Birth date** \_\_\_\_\_

**Are you currently working?** \_\_\_\_\_ **If so, hours a week?** \_\_\_\_\_

**Currently Volunteering?** \_\_\_\_\_ **If so, hours a week?** \_\_\_\_\_

**Do you have a special need or disability?** \_\_\_\_\_

**If so, please explain** \_\_\_\_\_

**Are you a member of any organizations? If yes, what are they?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please give a brief statement about yourself. Why do you want to be a member of the Mayor's Youth Advisory council and what do you hope to get out of your membership?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I understand that membership in the Mayor's Youth Advisory Council is a privilege and responsibility and agree to participate to the best of my ability by attending meetings and contributing my time and talents to this council. I understand that I will be expected to contribute approximately 4 hours a month in performing my duties.**

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**Applicant**

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**Parent or guardian**

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**Mayor, City of Central**