

WEST MONROE MAYOR'S YOUTH COUNCIL APPLICATION 2025-2026

Your Opportunity to Lead and Serve



Thank you for your interest in the West Monroe Mayor's Youth Council. This opportunity allows young leaders to engage in civic activities and contribute positively to our community.

Please fill out the application form below and submit it along with the letter of recommendation.

APPLICANT INFORMATION

Full Name: _____

Date of Birth: _____

Address: _____

City, State, ZIP Code: _____

Cell Phone Number: _____

Email Address: _____

School: _____

Grade Level: _____

PERSONAL INFORMATION

Please provide a brief statement detailing why you want to join the Mayor's Youth Council. What could you contribute if selected?

IF ACCEPTED TO MAYOR'S YOUTH COUNCIL, I AM AWARE OF THE FOLLOWING REQUIREMENTS:

1. ATTEND AN INDUCTION CEREMONY AT CITY HALL.
2. COMPLETE A MINIMUM OF 12 HOURS OF COMMUNITY SERVICE PER SCHOOL YEAR.
(6- FALL/WINTER & 6- SPRING)
3. ATTEND YOUTH COUNCIL MEETINGS.
4. ATTEND AT LEAST ONE WEST MONROE CITY COUNCIL MEETING DURING THE SCHOOL YEAR.

COMMUNITY/SCHOOL ACTIVITIES

List any extracurricular activities you are involved in, including clubs, sports, volunteer work, or other organizations. Please include the role you play and any leadership positions held.

1. **Activity Name:** _____
Role/Position: _____
Description: _____
2. **Activity Name:** _____
Role/Position: _____
Description: _____

(Feel free to add more entries as needed on the back of this page.)

*LETTER OF RECOMMENDATION

Please attach one letter of recommendation from a teacher, pastor, coach, or other non-family member who can speak to your character and abilities.

PARENTAL/GUARDIAN INFORMATION

Parent/Guardian Name: _____
Relationship to Applicant: _____
Cell Phone Number: _____
Email Address: _____

CONSENT & SIGNATURE

By signing below, you acknowledge that all information provided is accurate to the best of your knowledge. You also consent to participate in the West Monroe Mayor's Youth Council activities if selected.

Applicant's Signature: _____
Date: _____

Parent/Guardian's Signature: _____
Date: _____

Please submit your completed application and letter of recommendation by August 22, 2025 to West Monroe City Hall or email at mayorsoffice@westmonroe.la.gov. Thank you for your interest in shaping the future of West Monroe through active participation and leadership!