



For Office Use Only: Date Received _____ Date Completed _____

Application

The goal of the Mayor's Youth Council is to provide local youth an alternative to destructive decisions through tobacco, drug, and alcohol-free events. Each month we plan events, prevention activities and community service projects. In the past, events have included Youth Concerts, Dodgeball Tournaments, Volleyball and Kickball Leagues, the All School Variety Show and Matball tournaments! We have also participated in community service projects like Blankets for Babes, Celebrating Families, Sioux Empire Safety Village and Relay for Life. The Mayor's Youth Council also helps plan and implement the annual 4D Month Kickoff in December. The commitment for the Mayor's Youth Council can range from 5-20 hours a month for meetings and events.

Name _____ Today's Date _____

Grade _____ School _____

Phone _____

Address _____ Zip _____

Email Address _____

- I. Answer the following questions on a separate piece of paper.
 - A. What issues regarding youth concern you?
 - B. How do you think you can make an impact on the youth in your community?
 - C. What do you like about Sioux Falls?
 - D. What do you think could be improved in Sioux Falls?
 - E. What are past leadership positions you have held?
 - F. What other activities are you currently involved with?
 - G. Will you be able to make a time commitment to this council if you are selected?
 - H. What are your thoughts on the use of alcohol/drugs among Sioux Falls youth?

- II. Teacher Recommendation Form
Please have your teacher fill out the attached form and return it in a sealed envelope with his/her signature across the seal.

Please return this application to the Counselor's office at your school or mail it to:
MYC Youth Coordinator
Prairie View Prevention Services
822 E. 41st Street Suite 235
Sioux Falls, SD 57105

Contact information:
331-5724, ext. 21
mayorsyouth@hotmail.com
www.sfyouthforum.org

Teacher Recommendation

Teacher's Name: _____

Teacher's Signature: _____

Name of student: _____

School: _____

How long have you known the student?

Why would this student make a good leader?

Would you consider this student hard working and motivated? Explain.

When you have completed this recommendation form, please put it in a sealed envelope with your signature across the seal. Please return it to the student or mail it to:

MYC Youth Coordinator
Prairie View Prevention Services
822 E. 41st Street Suite 235
Sioux Falls, SD 57105

