

**2016-17**  
**CITY OF CLARKSBURG**  
**MAYOR'S YOUTH COUNCIL**

Attached please find the 2016-17 Clarksburg Mayor's Youth Council application. Please bring the completed application with you to the first meeting of the Mayor's Youth Council to be held as follows:

**Date:** Wednesday, September 28, 2016  
**Time:** 6:30 p.m.  
**Location:** Clarksburg Municipal Building  
Council Chambers (2<sup>nd</sup> Floor)  
222 West Main Street

This meeting will last approximately 30 minutes as this will be our organizational meeting. In the future, meetings are usually an hour. Should you wish to participate in the Mayor's Youth Council but not be available to attend this meeting, please send your application (by September 28<sup>th</sup>) to the following:

Annette Wright, City Clerk  
City of Clarksburg  
222 West Main Street  
Clarksburg, WV 26301

Should you have any questions concerning the program, please contact City Clerk Annette Wright at 304-624-1673 or by e-mail at [awright@cityofclarksburgwv.com](mailto:awright@cityofclarksburgwv.com).

# CITY OF CLARKSBURG MAYOR'S YOUTH COUNCIL

Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

T-Shirt Size (Adult sizing): \_\_\_\_\_

**Please note that membership on the Mayor's Youth Council encourages attendance at the scheduled meetings.**

1. What are your expectations of the Mayor's Youth Council and what do you hope to learn from this experience?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Signatures

**Student Signature:** I have read and understand that attendance at scheduled meetings is encouraged. I also know the importance of academics and the necessity for me to maintain or improve my Grade Point Average (GPA) while serving on the Council. I understand that transportation to and from events and meetings is my responsibility. I am able to make such a commitment for the year.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Parents/Legal Guardian Permission:** I give my permission for \_\_\_\_\_  
\_\_\_\_\_ to seek the position of representative to the  
Clarksburg Mayor's Youth Council and I will support him/her in this endeavor.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Name and number of emergency contact and relationship to the youth:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Telephone Number)

\_\_\_\_\_  
(Relationship)

# Clarksburg Mayor's Youth Council

The City of Clarksburg requires all youth to provide proof of permission from a parent or guardian prior to volunteering or participating in any and all Clarksburg Mayor's Youth Council activities. The following information needs to be completed and signed by the parent or legal guardian and the form returned to the City Clerk before the minor will be allowed to volunteer or participate in activities as a member of the Clarksburg Mayor's Youth Council.

Participant Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

## Clarksburg Mayor's Youth Council Participation and Volunteer Activities:

I, \_\_\_\_\_, (parent/legal guardian) give permission for \_\_\_\_\_, a member of the Mayor's Youth Council, to participate in the Mayor's Youth Council and in all volunteer activities associated with the Mayor's Youth Council.

By my signature below, I do release, indemnify, defend and hold harmless, the Clarksburg Mayor's Youth Council, the City of Clarksburg, its staff, and any other participating organizations, and their officers, agents, representatives, employees and volunteers, and adult chaperones from and against any and all claims, actions, suits or proceedings of any kind or nature arising as a result of the action of this youth. The Clarksburg Mayor's Youth Council, the City of Clarksburg, its staff, and any other participating organizations, their officers, agents, representatives, employees and volunteers, and adult chaperones are not responsible/liable for individuals leaving the premises during volunteer hours.

I also release the Mayor, the Clarksburg City Clerk, the Clarksburg City Manager, and the Clarksburg City Council without limitations from damages, liabilities, penalties, costs, expenses, legal fees and claims.

Parent/Guardian's Name: \_\_\_\_\_

Relationship to youth: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# **CITY OF CLARKSBURG MAYOR'S YOUTH COUNCIL PROGRAM**

**(Permission to Transport and Permission to  
Photograph for Mayor's Youth Council Activities)**

**I give permission for my son/daughter, \_\_\_\_\_,  
to participate in the City of Clarksburg Mayor's Youth Council Program and  
be transported to and from various activities associated with the Program  
when such transportation has been arranged for such activities. I also  
understand that there may be times during his or her participation in the  
Program when a picture, video or his/her name may appear in print and/or on  
the City's website and/or Facebook page as it relates to the Program and give  
permission therefor.**

**Parent/  
Guardian \_\_\_\_\_ Date \_\_\_\_\_**

**Student \_\_\_\_\_ Date \_\_\_\_\_**