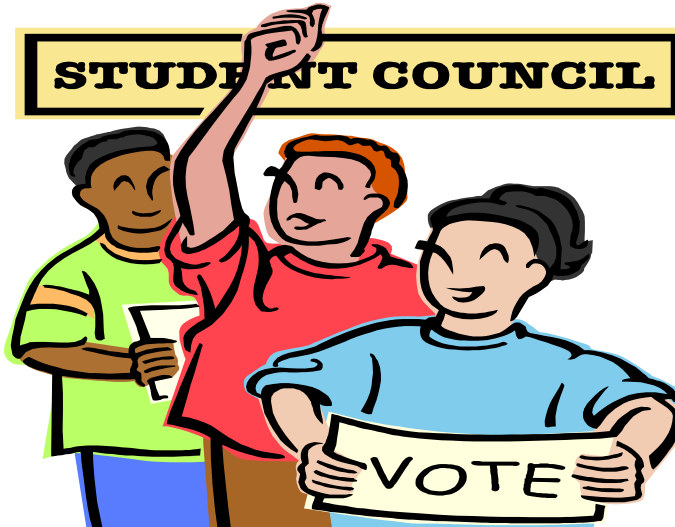


# Indianola's Youth Council



## Mission Statement

Indianola's Youth Council will make a difference by empowering the youth, enhancing life skills and enriching the community.

## Who can join Indianola's Youth Council?

Students, 8th – 12th grade, who reside in Indianola or attend Indianola Public and Private Schools. Indianola's Youth Council is made up of at least 15 students, with a group of 5-6 adult advisors.

## What does the Council do?

### The Council participates in...

- Community events
- Volunteer projects
- State-wide Summits
- City Council Meetings
- City-wide Clean Ups
- Training

## Why should I join the Council?

### When you join the Council, you can...

- Meet new people
- Have fun
- Volunteer at City activities
- Be a voice for the youth of Indianola
- Be involved in the community

# INDIANOLA YOUTH COUNCIL APPLICATION

Please print neatly.

Name \_\_\_\_\_ Date \_\_\_\_\_

Parents Names \_\_\_\_\_

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

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Why do you want to be involved in the Indianola's Youth Council?

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Describe your ideas and goals for this Council and how they can benefit the Community. (Use back if needed)

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List all organizations or clubs where you are currently a member.

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List anyone you would like to nominate for this Council. Please indicate a contact number and address.

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\*\*\*On a separate sheet, please give an essay about yourself. Please include the activities, social groups, clubs, volunteer work, and things you have participated in. (Please Type)

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I understand that being a member of the Indianola's Youth Council carries certain responsibilities. I agree to conduct myself as properly befitting a representative of my city and abide by all guidelines of the Indianola Youth Council.

**Student Signature:** *I have read and understand the above commitments required for the Council.*

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

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

**Parent/Legal Guardian Signature:** *I give my permission for the above named applicant to seek a position on the Indianola's Youth Council and I have read and understand the commitments required for the Council.*

\_\_\_\_\_  
**Parent Signature**

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

**Please return application to:**

**Indianola Promise Community Office**  
135 Front Street  
Indianola, MS 38751

**If you have any questions, please contact:**

**Anthony Powell**  
662-390-3729  
[apowell@deltahalliance.org](mailto:apowell@deltahalliance.org)