

Let Your Voice Be Heard - Make a Difference in YOUR Community

## We Want YOU! Join the Rowlett Youth Advisory Council

The Rowlett Youth Advisory Council is comprised of 12 members, appointed by the Rowlett City Council, who are sophomores, juniors or seniors during their service year.

## Why Join?

- Be a voice for the youth of Rowlett to the City Council and City leaders
- Meet new people and hone leadership skills
- Learn about your local government and the political process
- Volunteer and affect change in YOUR community!

Please visit
www.rowlett.com/YAC
for eligibility requirements, more
information and to apply.

Empowering youth.
Building our future.

Powlett

## City of Rowlett ROWLETT YOUTH ADVISORY COUNCIL BOARDS AND COMMISSIONS APPLICATION

(Please Print)

Today's Date:									
PERSONAL INFORMATION									
Last name:					First Name:				
Street address:			ZIF		P Code:		Email Address:		
Home phone no.:			Cell phone no.:				Emergency phone no.:		
DOB:			If under 18, name of legal guardian:						
Length of Residency in Rowlett: Emergency contact name and re						ship to yo	ou:		
SCHOOL INFORMATION									
High School Grade Level (in August):	□ 10th	☐ 11th	☐ 12th	Name of	High School:				
			DEAC	CON EQ	R APPLYII	NC			
Please describe your reason	for applyin	ng for the					ludo any particular goals you have for the Yout		
Please describe your reason for applying for the Rowlett Youth Advisory Council. Please include any particular goals you have for the Youth Advisory Council, and any unique talents, experiences, or interests that would help make you an excellent member:									

## WAIVER REQUIRED FOR APPLICANTS UNDER 18 YEARS OF AGE

WAIVER OF LIAB	ILITY
I,, hereby attest that I am and that I have the legal right to enter into this Agreement of Waiver of Liability my child will have as a member of the Rowlett Youth Advisory Counc, who is under eighteen (18) years Council. As legal guardian, in consideration of accepting a position for my child	. I have read and understand the duties and responsibilities that iil. As such, I hereby give my permission for my child, of age, to participate and serve on the Rowlett Youth Advisory
I will never at any time, present or future, sue the City for or on account of any	
Signature of Parent/Legal Guardian	
STATE OF TEXAS COUNTY OF DALLAS	
SUBSCRIBED AND SWORN TO BEFORE ME, this day ofseal.	, 20 to certified which witnessed my hand and official
	Notary Public, State of Texas
My Commission Expires:	
	(seal)