

# TEEN COUNCIL ADVISORY BOARD

**DO YOU HAVE IDEAS TO HELP US PROMOTE & BRING EXCITING EVENTS & ACTIVITIES TO THE CITY OF MIRAMAR?**

**ARE YOU IN GRADES 6<sup>th</sup> THRU 9<sup>th</sup>?**

If this is you, then we want you to be a part of the City of Miramar's **Teen Council Advisory Board** "Future Leaders of Tomorrow"

Your Participation allows you to:

- Earn school community hours
- Meet new friends
- Attend fun and exciting outings
- Meet at exciting locations (i.e.- pizza shops, ice cream parlors, etc.)

Interested students must be able to attend all scheduled monthly meetings. For more information, please call **954.602.3343**. To print an application visit: [www.MiramarFL.gov](http://www.MiramarFL.gov)



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## City of Miramar Teen Council Advisory Board

### **City's Mission**

To provide a forum for teens to express their opinions and help the City connect with its youth while developing leadership skills and encouraging civic commitment through the participation in the Teen Council Advisory Board.

**Requirements:** Students must reside in the City of Miramar and attend middle or high school.

**Selection Process:** The Teen Advisory Board will consist of ten (10) members who will be selected and appointed by the City Commission who will be responsible for selecting two (2) members each.

**Application Process:** All interested applicants shall submit an application (attachment) accompanied by written permission from a parent or legal guardian authorizing participation in activities of the Board and attend meetings.

**Teen Council Advisory Board Officers and Members:** The Board will elect an Executive Board from its memberships. The Executive Board shall consist of a Chairperson (High School), Vice Chairperson (High School), Secretary (Middle or High School), Treasurer (High School) Parliamentarian (Middle or High School) and Historian (Middle or High School). The term of each member shall be one year. Any vacancy arising prior to completion of a term shall be filled by the appointed commission that appointed that said position.

**Meetings:** The Teen Council shall meet monthly on the 1<sup>st</sup> Thursday of each month at 6:00 pm. Meeting locations will vary.

**Duties and Responsibilities:** The Teen Council shall:

- (A) Collaborate to address issues relating to youth in the City of Miramar by assisting in recommending, planning, promoting and implementing social and recreational programs for youth.
- (B) Strategically plan and participate in community service activities which benefit City of Miramar residents.
- (C) Foster greater involvement of youth in municipal government and city affairs.
- (D) Study problems, activities and concerns of youth especially as they relate to municipal programs or projects within the City of Miramar.

**Please contact Antionette Bellinger; Parks and Recreation Administrator at (954) 602-3343 if you have any questions.**

**Completed applications should be faxed to (954) 602-3574**



**TEEN COUNCIL ADVISORY BOARD APPLICATION**

All students submitting an application for appointment must reside in the "City of Miramar". Applications must be completed in full. Incomplete applications will not be accepted. **Please print all information legibly.**

NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT #: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

PARENT/GUARDIAN CONTACT #: \_\_\_\_\_

PARENT/GUARDIAN EMAIL: \_\_\_\_\_

**MY COMMITMENT TO PARTICIPATE:** The Teen Council Advisory Board meets the first Thursday of each month from 6:00 p.m. - approx. 7:30 p.m. Are you able to attend meetings on the mentioned days and times?  Yes  No

**QUALIFICATIONS:** Briefly describe your experience and or abilities which you feel can contribute to this board. Additional information may be included with attachments or you may use the back of this application if additional space is needed.

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

**COMMUNITY / CIVIC ORGANIZATIONS:** Please list any Community/Civic/School Organizations you belong to. List the number of years, and any office you held (if any). **For Organizations you are currently participating in, please provide the days and times.** Additional information may be included with attachments or you may use the back of this application if additional space is needed.

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

**ACKNOWLEDGEMENT:** I understand that in accordance with the Florida Sunshine Law, this information may be made public. I understand that all appointments are for voluntary, uncompensated service. **I understand after three (3) absences of meetings I may be removed from the board.** If appointed, I agree to faithfully and fully perform the duties of my office and will comply with all laws and ordinances of the City, County, and State of Florida, particularly those pertaining to the conduct of public officials and the financial disclosure requirements.

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

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**QUALIFICATIONS CONT.**

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**COMMUNITY/CIVIC ORGANIZATIONS CONT.**

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**ADDITIONAL INFORMATION**

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