Deer Creek Promise Community Youth Council
New Member Application

Mission
The Deer Creek Promise Community Youth Council’s mission is to prepare and develop potential young leaders from diverse backgrounds and instill in them a commitment to responsible involvement and action in their community.

Program Description
The Youth Council develops area youth into strong advocates for themselves and their community. Through partnering with local government and other organizations, the Council plans and conducts community and statewide projects related to the issues affecting them. Council members also learn about pathways to postsecondary success and financial literacy.

Requirements
Eligible participants include all rising 9th – 10th grade students residing or attending school in Arcola, Hollandale, or Leland, MS. All candidates shall maintain a GPA of at least 2.8 or higher.

Application process
All members need to complete application packets by August 31. Applications can be mailed or hand delivered to:

Deer Creek Promise Community
ATTN: DCPC Youth Council
P.O. Box 277
Stoneville, MS 38776

Contact:
Jon Delperdang
jdelperdang@deltahealthalliance.org
662-686-7004
or
Katelyn Ables
kables@deltahealthalliance.org

All applicants must submit a letter of recommendation written by a principal, school leader, teacher, or a community leader who can speak to the candidate’s leadership potential. All applications will be reviewed by a selection committee and participants will be notified of acceptance by September 15th.
Student Information
Please carefully read the application instructions before completing the application.

Applicant Name ____________________________________________
Last First Middle Initial Preferred Name ____________________________

Mailing Address _____________________________________________
Street Address _____________________________________________
City State _____________________________________________

Cell Phone (___) ____________________ Applicant Email ____________________________

High School Name _____________________________________________
Grade ____________ High School GPA _________________

Gender ____________________________ Ethnicity ____________________________

Parent/Guardian Name: _____________________________________________
Cell Phone (___) ____________________

Parent/Guardian Email _____________________________________________

How did you find out about DCPC Youth Council?
___ School/Guidance Counselor  ___ Flyer/Posted Announcement  ___ Friend/Family Member
___ Facebook  ___ Instagram  ___ Website  ___ Other, please specify: _____________________________

Community Service and Volunteerism
Please let us know any leadership, service, or volunteer roles you have held while involved in organizations in your school and/or community along with your dates of service. Athletic, social, school, religious, scouting, etc. organizations are all welcome to be listed.

1. ____________________________
2. ____________________________
3. ____________________________
4. ____________________________
5. ____________________________
Application Questions

Be as specific and complete as possible while answering the following questions. Print legibly; incomplete applications may not be considered. If necessary, please use a separate page and attach to application.

1. If you could improve something about your community, what would it be and how would you go about creating this improvement?

2. What do you consider to be the three most important qualities of a leader?

3. Where do you see yourself after high school graduation?
COMMITMENT STATEMENT
The DCPC Youth Council is a two-year commitment designed to be a learning experience that requires active participation. The following are requirements of the Program:

1. I will attend, in full, all the DCPC Youth Council events. I understand I am allowed only 3 unexcused absences during the Program. If I am absent more than this, I will agree to the youth leadership advisory board consequences.
2. I will arrive at all events on time and will not leave until the scheduled completion time. I understand that 5 occasions of late arrival or early departure more than 30 minutes may result in dismissal from the program. Leaving or coming late will depend on the discretion of the adult advisory board.
3. Regarding attendance or matters of policy, I agree to abide by the decisions of the Advisory Team.
4. I agree to take an active role in Program participation.
5. I consent to the use and disclosure of information contained in this application for the DCPC Youth Council or the Delta Health Alliance Deer Creek Promise Community.
6. I understand I am required to meet monthly and serve at least 4 service hours per month.

Consent for Reproduction of Photographs and Voice
During the program, newsletters, public service announcements, newspaper and magazine articles, Web site features and videos may be used. Participant gives unlimited permission to use, publish and republish for purposes of advertising and trade for such use as it may determine, information and reproduction of Participant’s likeness (photographic and otherwise) and voice related to participation in this Program.

Consent for Medical Treatment
If medical treatment is necessary, participant gives permission to obtain treatment at a medical facility.

I have read the Commitment Statement and fully understand the eligibility and attendance requirements. I have read the Consent for Reproduction of Photographs and Voice, and Consent for Medical Treatment and hereby consent.

Applicant’s Signature ____________________ Printed Name ____________________ Date ________________

By signing below, I hereby certify that I am the parent or guardian of ______________________________, named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

Parent’s Signature ____________________ Printed Name ____________________ Date ________________