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?

____________________________________________________________________________________

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

____________________________________________________________________________________

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

____________________________________________________________________________________

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

____________________________________________________________________________________

***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)

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.

___________________________________________ 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.

___________________________________________ 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
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