

City of New Haven
Mayor's Youth Leadership Council Application



The mission of the City of New Haven Mayor's Youth Leadership Council (MYLC) is to serve the community and provide a voice for the young people. MYLC's goal is to bridge the gap between the youth of New Haven and the Mayor's Office, City Officials and other City stakeholders through the organization of constructive community impact projects, events and activities, and the promotion of youth activism as a contribution to the City of New Haven's civic affairs. The MYLC also works to raise awareness for youth-related issues in the City.

Attendance is critical to the overall objectives of the Mayor's Youth Leadership Council. If selected, you must adhere to the Attendance Policy* and may have no more than three (3) excused absences during the current term. Three (3) consecutive unexcused absences will result in loss of membership. All selected members are expected to adhere to the Code of Conduct* and to display outstanding personal character.

I have read the MYLC's guidelines, Code of Conduct and By-laws* and I understand the commitment for the City of New Haven Mayor's Youth Leadership Council. I also realize the importance of teamwork and cooperation and I am willing to make this commitment.

**MYLC's Guidelines, Code of Conduct and By-laws can be found on the City of New Haven's website under Programs and Initiatives within the Youth and Recreation page at www.cityofnewhaven.gov or obtained from the Office of Youth and Recreation.*

If you are interested in applying for membership to the MYLC, please, complete, sign, date and submit the following application and required forms and return the same in one envelope to:

Office of the Mayor
Youth and Recreation Department
Attn: Tenaiya Baker, Coordinator for Youth@Work
Ernie Cloman, Youth Service Bureau Manager
165 Church St.
New Haven, CT 06510

Alternatively, you may scan and email your completed application and required forms to tbaker@newhavenct.gov and ecloman@newhavenct.gov.

Applicant Qualifications

1. Must be a New Haven resident between the ages of 14-19.
2. Must be in high school, college or vocational program.

Application Requirements

1. Complete, sign and date the application. Please type or print clearly in black or blue ink. You may attach additional sheets if necessary.
2. Complete, sign and date MYLC required forms:
 - a. Recommendation forms
 - b. Parental/Legal Guardian signature of consent if under the age of 18. (on signature page of application)
 - c. Release of Information form if 18 years of age or older
 - d. Copy of current school schedule/transcript/report card
3. Please, no staples, no double-sided pages

I. Personal Information

Name: _____

Street Address: _____

City and State: New Haven, CT Zip Code _____

Age: _____ DOB (mm/dd/yyyy): _____

Gender: Male Female Non-Binary Transgender Intersex

I prefer not to answer

Race or Ethnic Group: Asian Black/African American Caribbean Caucasian/White
 European Hispanic/Latino Middle Eastern Native American Pacific Islander
 Other _____

School: _____

Grade (2023-2024 School Year): _____ Graduation Year: _____

Home Phone: _____ Cell Phone: _____

Email Address _____ Instagram Acct: _____

Parent/Guardian Information

Name: _____

Work #: _____ Cell #: _____

Email Address: _____

Emergency Contact Information

1. Name: _____ Phone: _____

Relationship to Applicant: _____

2. Name: _____ Phone: _____

Relationship to Applicant: _____

Activities

1. Please list school, community groups, non-profit and community organizations you have volunteered at in the past two years.
2. Please list activities you will be involved in during the current school year. Please include employment, internships, fellowships, sports, volunteer work, after-school academic enrichment programs, etc.

II. Questions

1. How did you learn about the MYLC? *(please answer all questions in a minimum of 100 words)*

2. What are three (3) important issues to you concerning your community? What are three (3) important issues you may have discussed with your friends/classmates concerning your community? *(please answer all questions in a minimum of 100 words)*

3. Please, give an explanation of how you believe members of the MYLC, other high school students, City agencies and other stakeholders can collaborate effectively to address one of the issues you listed in question in two (2). *(please answer all questions in a minimum of 100 words)*

4. What skills, talents or expertise do you possess that would make you a good fit for the MYLC? (check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Research | <input type="checkbox"/> Managing Social Media | <input type="checkbox"/> Web Design |
| <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Public Advocacy | <input type="checkbox"/> Facilitating Meetings |
| <input type="checkbox"/> Student Recruitment | <input type="checkbox"/> Community Activism | <input type="checkbox"/> Community Organizing |
| <input type="checkbox"/> Persuasive Writing | <input type="checkbox"/> PowerPoint Presentations | <input type="checkbox"/> Lobbying |
| <input type="checkbox"/> Graphic Arts | <input type="checkbox"/> Mentoring | <input type="checkbox"/> Presentations |
| <input type="checkbox"/> Videotaping/Editing | <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Budget Review |
| <input type="checkbox"/> Business Etiquette | <input type="checkbox"/> Written Communication | <input type="checkbox"/> Photography |

5. What personal goals would you like to achieve as a member of the MYLC? *(Please answer in 100 words or less)*

6. What leadership skills would like to develop as a member of the MYLC? (check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Team Building | <input type="checkbox"/> Responsibility | <input type="checkbox"/> Professional Decorum |
| <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Public Advocacy | <input type="checkbox"/> Facilitating Meetings |
| <input type="checkbox"/> Decision Making | <input type="checkbox"/> Community Activism | <input type="checkbox"/> Community Organizing |
| <input type="checkbox"/> Conflict Resolution | <input type="checkbox"/> Time Management | <input type="checkbox"/> Lobbying |
| <input type="checkbox"/> Networking | <input type="checkbox"/> Mentorship | <input type="checkbox"/> Presentations |
| <input type="checkbox"/> Collaborating | <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Budget Review |
| <input type="checkbox"/> Oral communication | <input type="checkbox"/> Written Communication | |

Other: _____

7. What MYLC Committee would you like to serve on? Please number in order of preference from one (1) through six (6), with one (1) being the most preferred)

- Civic Engagement and Leadership
- Education
- Internship
- Public Health
- Social Justice and Racial Equality
- Arts, Culture and Community Leadership

III. Associations

Are you related to a City Official (Appointed or Elected) or City of New Haven employee or member of a City Board or Commission? ___yes
or ___ no

If yes, Name of associate and relationship: _____

Department/Board/Commission and Position/Title: _____

Please write your initials next to the following sections to indicate that you have read and understand its contents.

IV. Demographics

The City of New Haven does not discriminate based on race, ethnicity, sex, creed, national origin or disability. The requested information is to help facilitate the City New Haven's goal of assembling a diverse group young people. Omitting this information will affect your application.

V. Registrant Attestation and Release

I certify that the statements made by me on this application are voluntary, true and correct to the best of my knowledge and belief and are made in good faith. I understand that the information I have provided is subject to review and verification. If I knowingly make any misstatement(s) of fact(s), I am subject to disqualification or dismissal and to such other penalties as may be prescribed by the City of New Haven Youth and Recreation Department.

VI. Code of Conduct Statement

If selected to the program, I understand and agree to adhere to the rules of the program and conduct myself responsibly and respectfully at all times. While at participating, I agree to 1.) Report to meetings on time; 2.) Refrain from the use of profanity or foul language; 3.) Refrain from any aggressive or violent behavior, threats of violence, weapon possession or sexual harassment; 4.) Wear appropriate clothing (*i.e., no excessive jewelry, revealing clothing, do-rags/ bandanas and/or any other clothing deemed unacceptable by my worksite supervisor*); 5.) Refrain from the use, purchase or possession of any drugs or alcohol; 6.) Refrain from theft or possession of any stolen property; 7.) Refrain from any discriminatory behavior towards another individual based on race/ethnicity, economics, disability, religion or sexual preference.

VII. Civil Rights Law

This information is requested solely for the purpose of determining compliance with Federal civil rights law and your response will not affect consideration of your Registration. By providing this information, you will assist in assuring that this program is administered in a non-discriminatory manner. The Mayor's Youth Leadership Council is an equal opportunity employer/program and auxiliary aids and services are available upon request.

VIII. MEDIA RELEASE FORM

I hereby grant permission to the City of New Haven's Mayor's Youth Leadership Council, its affiliates and their successors, and any person receiving permission from any of them, to use my picture, likeness, name, photograph or voice, at its discretion in publications or on video or audio tape concerning education programs or activities of the City of New Haven's Mayor's Youth Leadership Council. I have been assured, and it is my understanding, that this shall be used in instructional or publicity contexts only and shall not be used for any commercial purposes whatsoever. I do hereby agree to hold harmless the City of New Haven's Mayor's Youth Leadership Council in connection with any and all claims regarding my child's photographic image, including legal fees and other costs incurred. I do hereby waive any claim for compensation for my child's photographic image. I do hereby agree that this RELEASE is valid until expressly revoked by me in writing.

Applicant Signature

Date

Parent/Guardian Name (please print)

Contact Phone Number

Parent/Guardian Signature (if under the age of 18)

Date

