City of Maricopa Youth Council Application

The vision for the City of Maricopa Youth Council is to empower caring youth dedicated to personal development and leadership. If you are interested in applying for membership to the council, please complete the following application. Applicants must be a resident of the city or surrounding areas and be of age 13 through 18. Please type or print clearly in blue or black ink. You may attach additional sheets if necessary: ALL information must be completed in order to be considered for the City of Maricopa Youth Council. Youth Council members must be able to adhere to the attendance requirements for the bi-monthly meetings.

Name: Iriscila Mojarro Urena School: Maricopa High School Home Address: 21396 N. Howell Dr.	Age: 14
School: Maricopa High School	Age: 14 Grade: 9th
Home Address: 21396 N. Howell Dr.	Zip: <u>85138</u>
Home phone:	
Cell Phone: 520-510-6936 E-mail: Priscila mojarro 42 @ gmail. Ca Parent/Guardian: Rosalina Urena Parent/Guardian E-mail: Rosyurena @ yahoo. (
E-mail: Priscila mojarro 42 @ amail. Co)(Y)
Parent/Guardian: Rosalina Urena	
Parent/Guardian E-mail: Rosuvena Q yahoo.	OM
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The City of Maricopa does not discriminate based on race origin or disability. It is requested to facilitate the City of diverse group and possible federal grant opportunities. (not affect your application. (Optional)	Maricona goal of accompling a
Race or ethnic group:	
American Indian African American Asian	
White Middle Eastern V Hispanic	
Other, please specify	
Gender: Female Male Birth Date May	6,2002
Were you asked to apply for this position?	
If yes, by whom?	
Organization:	

to add a sheet of paper; 300 - 500 word limit)
I want to be a member because I love helping my community. I also like joining in many activities.
What are the three most important issues to you concerning your neighborhood, school and / or community?
1. Speeding through the neighborhoods.
2. Bulling 3. Students dropping at of school early.
In what ways can the Youth Council benefit the City of Maricopa and the community? It can inspire other has to join and volunteer near there community.
Please list any other activities you will be involved in during the school year. Include employment, sports, community, school and religious groups. Am going to join my school soft ball team.
What personal skills and characteristics do you possess that would make you a good representative? Well, I've been volunteering in the Future Leaders Summer Program for 2 was as a language for the second for the se
Summer Program for 2 years at Copper Sky.
If you could bring one thing to this City or change one thing, what would it be? More community events. Such as Family Nights at Copper Sky.
Are you willing to attend the meetings, events and activities of the Youth Council for one year and commit to making a difference in our city? Yes No

Please list two adult references (non relatives) with phone numbers. We require one of the references to be from school based personnel and the other from a community member that knows you.	
1. Name of reference: Leticia Cowantes	
Title: Family France	
Address: 21391 Maricopa AZ	
Phone number: 562-477-4354	
Email:	
2. Name of reference: Rodger Wagner	
2. Name of reference: Rodger Wagner Title: Middle School Band Instructor	
Address:	
Phone number: (818)-618-8325	
Email: rwagner@musd 20, org	
I have read and understand the commitment required for the City of Maricopa Youth Council. I also realize the importance of teamwork and cooperation and I am willing to make this commitment. Student Signature: Waxala Mayawa (brene	
Date: 08-25-16	
Parent/Legal Guardian Permission: I give my permission for D. M. C.C. to seek the	
position of representative on the City of Maricopa Youth Council.	
position of representative on the City of Maricopa Youth Council.	
position of representative on the City of Maricopa Youth Council. Signature of Parent/Guardian:	
position of representative on the City of Maricopa Youth Council. Signature of Parent/Guardian: Date: 08 - 25 - 16	
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position of representative on the City of Maricopa Youth Council. Signature of Parent/Guardian:	
Signature of Parent/Guardian: No. 1000	

Mail to:

Maricopa City Hall – C/O Maricopa Youth Council 39700 West Civic Center Plaza Maricopa, Arizona 85138

Oath of Office for Youth Council members

I, Triscila Mojarro Orem do solemnly swear that I will support, uphold and defend the Constitution of the United States of America, and the laws thereof; that I will support, uphold and defend the Constitution and laws of the State of Arizona, not inconsistent therewith, that I will observe and obey the laws and ordinances of the City of Maricopa, Arizona; that I will faithfully perform and discharge the duties incumbent upon me as member of the City of Maricopa Youth Council fairly and honestly and to the best of my skill and ability so help me GOD.

City of Maricopa Youth Council Member

This is the _____day of _Stptember in the year_ 2016