

Granville County Youth Leadership Council

Welcome to Granville County Youth Leadership Application

Program Overview:

In partnership with the Granville County Board of Commissioners, NC Cooperative Extension Office and Youth Voice, the Granville County Youth Leadership Council (GCYLC) will provide meaningful opportunities for youth in our community to get involved at the highest level. The purpose of this leadership program is to ensure that youth in our community have a voice, but most importantly, that their voices are heard, recognized and valued.

Our Objectives are to:

- Youth will be an active voice in the community and facilitate communication between young people and the community.
- Members will gain tangible leadership skills that will be beneficial to future endeavors and opportunities.
- Members will initiate programs and projects that are beneficial to Granville County youth and the community as a whole.
- Members will gain an understanding of civic leadership and community planning by serving on county boards.
- Youth will gain hands-on experience investing in their community and the advancement of it and youth voice.

Terms

- Youth will serve a term of 2 years. At the end of their term, they will have the option of extending their time for one additional year through the application process.
- Each term lasts from August 1st to July 31st.

Qualifications/Commitment

- Must be a resident of Granville County.
- Must be a freshman, sophomore or junior in high school.
- Must be available to meet monthly at a minimum of 2 hours.
- Must be available for 2-day training and orientation.
- Must be willing to participate in quarterly community service projects.



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Please be sure to complete entire application. Submit completed application via email at cmpuryea@ncsu.edu or mail to 125 Oxford Outer Loop Road
Access an electronic version of this application at:

APPLICANT INFORMATION

Applicant's Name: _____

Birthdate (mm/dd/yy): _____ Age: _____ Pronouns: _____

Personal email address: _____
(email address you check regularly, not school email)

Address: _____
(No P.O. Boxes) Number and Street Address City Zip

Cell Phone: (____) ____ - ____ Home Phone: (____) ____ - ____

District # _____

T-shirt size: S M L XL 2XL 3XL Other: _____

SCHOOL INFORMATION

School Name: _____ Grade in Fall 2023: _____

Applicant School Email Address: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name (1): _____

Address: _____
(No P.O. Boxes) Number and Street Address City Zip

Cell Phone: (____) ____ - ____ Email address: _____

Parent/Guardian Name (2): _____

Address: _____
(No P.O. Boxes) Number and Street Address City Zip

Cell Phone: (____) ____ - ____ Email address: _____

Is at least one parent/guardian aware that you are applying for this council? Yes No

RESPONSE QUESTIONS

The following question about race, ethnicity and identities are voluntary and confidential. We collect this information for the sole purpose of maintaining equal opportunity for all applicants and reporting.

Race: _____ Ethnicity: Hispanic Origin Non-Hispanic Origin Other: _____

1. Are you a member of your school's student council or another youth council? Yes No
If yes, what is the name of the group and what is your role: _____

2. What other school and/or community extracurricular activities are you a part of?

3. Do you have any issues accessing WIFI (financial barriers, poor service, etc.)? Yes No
4. How did you hear about us? _____

What are the top three social issues from the list below that you consider yourself passionate about? (Check 3)

- Animals (homeless pets, endangered animals, abused animals)
- Community Revitalization
- Disaster Relief
- Domestic abuse
- Education/tutoring/mentoring
- Unemployment
- Environment/conservation
- Healthcare
- Health-related issues (cancer, HIV/AIDS, obesity, etc.)
- Homelessness
- Human Rights
- Hunger
- Mental Health
- People with disabilities
- Poverty
- Public Safety
- Recreation/sports
- Seniors
- Social Justice
- Substance Use/Abuse
- Technology
- Youth Leadership
- Other(s): _____

Choose two (2) of the following questions and answer. No more than 150 words per question. Can add a separate sheet if needed.

1. Why are you interested in being a part of the Youth Leadership Council? What experience/skills do you hope to gain from your participation on the council?

2. In your opinion, what is the most critical issue facing Granville County Youth?

3. Tell us about an issue you are passionate about. Why is it important to you?

Applicant Statement

I hereby certify that the information I have given is true and correct to the best of my knowledge. I authorize the release of this information for verification purposes and understand it will be used to process my application. Additionally, I can commit to attending monthly, GYLC meetings as well as quarterly events.

Signature of Applicant

Date

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

I, the undersigned Parent/Legal Guardian of _____,
(hereinafter referred to as the "Member"), hereby consent to and give my permission for the following:

1. That the Member has my consent and permission to participate as a member of the Granville Youth Leadership Council.
2. That the Member has my consent and permission to participate in all Youth Leadership Council activities which may include activities held at other locations.
3. I understand that the Member is committing to attend monthly meetings, some community board meetings and quarterly events. The Member will be responsible for transportation to meetings.
4. In permitting the Member to participate, I am specifically granting permission to NC Cooperative Extension and the County of Granville to use the likeness, voice and words of the Member in television, radio, films, newspapers, magazines, social media and other media, and in any form not heretofore described, for the purpose of advertising communicating the purposes and activities of the GYLC and for support of such activities.
5. I hereby give my permission to NC Cooperative Extension and the County of Granville to transport _____ to activities specific to the GYLC including community service, training, recreational activities and any other destination deemed necessary while participating in the program. This consent is signed on a voluntary basis. I understand that I may revoke this consent at any time. This authorization is effective until the termination of the members participation in the GYLC.

Signature of Parent Guardian

Date