

City of Riviera Beach

Youth Council Membership Application

The vision for The City of Riviera Beach Youth Council is to empower caring youth who are dedicated to personal development and servant leadership. If you are interested in applying for membership to the Youth Council, please complete the application. Applicants **MUST** be a resident of Riviera Beach and be in grades 9 through 12 or ages 14 to 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 Youth Council.

Applicant's Name: _____ Date of Birth: _____

Home Address: _____

Email Address: _____

Phone: _____ Cell Phone: _____

Social media (Instagram/ TikTok/ X/ Facebook, Snapchat, Etc.):

Parent/Guardian: _____

School: _____ Shirt size: _____

Grade: _____ Current G.P.A.: _____ Weighted G.P.A.: _____

The City of Riviera Beach does not discriminate based on race, ethnicity, sex, creed, national origin or disability. This information need not be provided. It is requested to facilitate The City of Riviera Beach's goal of assembling a diverse group. Omitting this information will not affect your application.

Race or Ethnic Group:

___ American Indian ___ African American

___ Asian ___ White ___ Middle Eastern

___ Hispanic ___ Other, please specify: _____

Sex: _____

Please check all that apply:

___ I have transportation to get to the Youth Council meetings/events.

___ I initiated my interested in this program.

___ I was asked to apply for this position.

If asked to apply for this position, please specify by whom: _____

1. Why do you want to serve as a member of the Youth Council? (attach additional paper, if needed)

2. What are the (3) three most important issues to you, your friends and your family concerning your neighborhood?

1. _____
2. _____
3. _____

3. Please list any other activities you will be involved in during the school year. Include employment, sports, community, school and religious groups.

4. What personal skills and characteristics do you possess that would make you a good representative?

5. What are you passionate about?

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 _____ Sign: _____ Date: _____

Are you interested in community service points for this project?

Yes _____ No _____ Sign: _____ Date: _____

Letters of Reference

Please provide two adult references (non-relative) with a phone number and email. You must also attach a letter of recommendation from each person. Please include one letter from your school Principal, Assistant Principal or Guidance Counselor and one letter from a community member who is familiar with you.

1. _____

2. _____

I have read and understand the commitment required for the City's Youth Council. I also realize the importance of teamwork and cooperation and I am willing to make this commitment.

Choose one of the following:

1. **Essay:** Explain in your own words why you should be selected as a Riviera Beach Youth Council. (Word Limit: 400-650 words)
2. **Video:** Create a compelling 60-second video explaining why you should be selected for the Riviera Beach Youth Council. Be creative and authentic! Your video can include storytelling, visuals, voice-overs, music, captions or anything that captures your passion and vision. (Must adhere to the code of conduct and mission of the Youth Council)

Possible topics: What inspires you; a challenge you want to tackle in the city

Student Signature: _____ **Date:** _____

Signature of Parent/Guardian: _____ **Date:** _____

I hereby certify that the information I have given is true and correct to the best of my knowledge. I understand that provision of false information may disqualify my consideration. I authorize the release of this information for verification purposes and understand it will be used only to process my application. I also understand that by submitting this form, I am applying to participate as a member of the Riviera Beach Youth Council and that said application is only complete upon receipt of the Parental/Guardian consent and liability release form and receipt of G.P.A. certification form/class rank verification form signed by my school counselor. Upon submission of the application, I understand that I will be considered for membership with all other applicants and that I may or may not be selected for membership. If selected, I agree to attend the required meetings and events and understand that I will be removed from membership for failure to do so.

Parent/Legal Guardian Permission: I give my permission for _____ to apply for membership to the Riviera Beach Youth Council.

I, the undersigned, do hereby consent to my child's participation in the Riviera Beach Youth Council. I acknowledge that I have read and understand the Riviera Beach Youth Council By-Laws and will allow my child to attend the required meetings and events relative to this program; and that I understand that my child will be removed from membership for failure to do so. I also acknowledge that upon submission of the application, my child will be considered for membership with all other applicants and that my child may or may not be selected for membership. I further acknowledge that my child's participation in this program is voluntary and I agree to release The City of Riviera Beach and all of their employees, officials, and any and all individuals and organizations assisting or participating in the program from any and all claims for personal injuries and property damage which my child may suffer while participating as a member of the Riviera Beach Youth Council.

Signature of Parent/Guardian: _____ **Date:** _____

Phone Number of Parent/Guardian: _____

Emergency Contact (1): _____

Relationship to Youth: _____

Emergency Telephone Number: _____

Emergency Email: _____

Emergency Contact (2): _____

Relationship to Youth: _____

Emergency Telephone Number: _____

Emergency Email: _____

Deadline to Apply: _____ September 18, 2025 _____

Return Completed Application

In Person To:

City Councilwoman KaShamba Miller-Anderson's (Legislative) Office
Attn: Aqueria Wester (Legislative Aide)
600 W. Blue Heron Boulevard
Riviera Beach, FL 33404

Or

Online:

Applications received after 5:00 PM on September 18, 2025, **WILL NOT** be considered.

If you have questions or need additional information, contact us by phone: (561) 377-9090 or (561) 444-5192 (Monday – Friday 9:00 AM to 5:00 PM) or by email: Awester@rivierabeach.org

|

GPA Verification Form

TO BE COMPLETED BY THE STUDENT

This form must be signed by your guidance counselor, verifying your G.P.A. on a 4.0 scale. Please complete the information below and sign & date the release of information section. Ask your high school counselor to complete the remainder of the form and return it to you to include with your application.

Applicant's Name: _____ Grade: _____

High School Name: _____

RELEASE OF INFORMATION

I grant permission to release all information regarding my G.P.A. to The City of Riviera Beach, as deemed necessary for consideration for membership to the Riviera Beach Youth Council.

Signature of Applicant _____ Date _____

Signature of Parent/Guardian _____ Date _____

TO BE COMPLETE BY THE HIGH SCHOOL GUIDANCE COUNSELOR

Please provide requested information below and return the form to the student so that s/he may submit it with the application.

High School Name: _____

The above-named student has a cumulative G.P.A. of _____ on a 4.0 scale

Student's current grade level: _____

Signature of Authorized Official

School Official's Title

Date

Email

Phone