

LEE'S SUMMIT CARES
Teen Advisory Council
“An Opportunity to Make a Difference”
Student Application

1. Complete this application, answering all questions and providing all requested information.
2. Have your school/community sponsor complete the section provided for them.
3. The meetings will be monthly and occur in the evenings because all the work is community-based you will receive **community service** for all the hours you spend with Teen Council.
4. Teen Council will consist of a minimum of 8 members from each high school.
5. Send application to:

LEE'S SUMMIT CARES
Attention: Roby Little
901 NE Independence
Lee's Summit, MO 64086

Please type or print legibly.

Name _____

Mailing Address _____

Phone _____ Email _____

High School _____ Graduation Date _____

Date of Birth _____

STUDENT COMMITMENT:

If selected, I agree to lead a drug free lifestyle and attend 80% of all Teen Council events and monthly meetings. I understand if I fail to abide by these 2 requirements I will no longer be a member of Teen Council.

Signed _____ Date _____

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Sponsor Recommendation

Dear Sponsor,

_____ is applying to be a member of Teen Council. Teen Council is a student lead leadership organization committed to promoting activities and advocacy to promote a healthy and youth-friendly community. One objective of Teen Council will be to plan drug free community events for all high school students. Candidates should be positive, drug-free role models who are respected by the members of their community. In addition, applicants should be able to attend 80% of all mandatory Teen Council events, including monthly meetings. To help the selection committee, please provide the following information and return it to LEE'S SUMMIT CARES. These recommendations will remain confidential. Due to your busy schedule, short answers are acceptable. We are looking for students who have the time and personal desire to commit to this group.

Mail to: **LEE'S SUMMIT CARES**
Attention: Roby Little
901 NE Independence Ave.
Lee's Summit, MO 64086

1. Describe the applicant's leadership skills, abilities and degree of maturity.

2. In what ways does this candidate serve as a positive, drug-free role model for his/her peers?

3. Do you know of any restrictions that would limit the applicant's ability to serve?

4. Circle your overall opinion of the applicant's ability to serve on Teen Council.
Excellent Superior Good Average Poor

School _____

Sponsor's Name _____

Sponsor's Phone & Ext. _____ Email _____