



City of Rochester Hills
Youth Representative Resubmission Application
for Rochester Hills Government Youth Council
(RHGYC)

1000 Rochester Hills Dr.
Rochester Hills, MI 48309
248.841.2460
www.rochesterhills.org

The Rochester Hills City Council has established the Rochester Hills Government Youth Council (RHGYC) to promote youth involvement in local government through active participation and the mutual exchange of ideas and experiences for the ultimate benefit of all Rochester Hills residents.

Profile Information: *Please type or print using black ink.*

Student Name: _____ Birthdate: _____ Age: _____

Street Address: _____

City: Rochester Hills State: MI Zip Code: _____

E-Mail Address: _____ Home Phone: _____

Parent(s) or Legal Guardian(s) Name: _____

High School Attending in Fall: _____ Grade in Fall: _____ Graduation Date: _____

Principal's Name: _____ School Phone: _____

School Address: _____

City: _____ State: MI Zip Code: _____

Essay Questions:

Please type or neatly write a short essay on a separate piece of paper responding to the following questions. (500 words maximum)

1. Please explain why you would like to continue as a member of the Rochester Hills Government Youth Council?
2. How did you personally grow on the Youth Council?
3. What would you do to promote the Youth Council and their work in the community?
4. What did the Rochester Hills Government Youth Council accomplish this past year and what part did you play in making it happen?
5. What would you like to see the Council accomplish in the following term (Sept. 1st-Aug. 31st)?

Interest Statement:

I am interested in serving on the Rochester Hills Government Youth Council. I understand that, if selected, I will be required to sign a Letter of Understanding outlining my responsibilities to the RHGYC.

Signed,

Dated: _____

I have read the above interest statement and give my permission for my son/daughter to serve as a youth representative on Rochester Hills Government Youth Council.

Parent or Legal Guardian Signature:

Dated: _____

Work phone (if applicable) _____

Please return the completed application and essay by May 15th to:

City of Rochester Hills Clerk's Office
Youth Council Liaison
1000 Rochester Hills Drive
Rochester Hills, MI 48309
Email: youthcouncil@rochesterhills.org

The returned information will remain in the Clerk's Office and is not confidential. For additional information, please call the Youth Council Liaison at (248) 656-4630.

Office Use Only:

Date Received: _____

Date sent to Committee: _____