Application to Serve

Hernando Mayor's Youth Council 2023-24

475 West Commerce St. 662-429-9092

The mission of the Hernando Mayor's Youth Council is to serve as role models in the community and among the youth of Hernando. Youth council members develop leadership skills by taking an active role in city-sponsored activities and youth-led initiatives, aiming to engage citizens of all ages. The Hernando Mayor's Youth Council strengthens their community through volunteerism and increased communication with the Mayor and other city departments to improve the quality of life for the citizens in Hernando.

Student's Name:				
Student's Address:				
City Student Resides in:				
Home Phone: Student's Cell Phone:				
Student's Email Address:				
Parent's Email Address:				
School Student Attends: Grade in School:				
How did you hear about Hernando MYC?				
Tee Shirt Size: S M L XL				
What would you like to see				
What types of community projects/service would you like to be part of?				
I understand that being a member of the Mayor's Youth Council carries certain responsibilities. In order to maintain membership on the Mayor's Youth Council, it is important to make an honest effort to commit to this organization. MYC meets two evenings per month at City Hall (1 st /3 rd Thursday at 6:30pm, January-April and September-November) and offers many city-sponsored community service projects. I agree to conduct myself as properly befitting a representative of my city and abide by all guidelines of the council.				
Student Signature: Date:				
Parent/Legal Guardian Signature:Date:				

Please return the application to City Hall. For more information: 662-429-9092

Mayor's Youth Leadership Council Release of Liability

Name of Student	·	· · · · · · · · · · · · · · · · · · ·	
Date of Birth	Age	Gender	Grade
Phone	School		
Parent or Guardian			
Address			
Other than parent/guardian, 1			name and phone numbers:
Name	Phone		
Name			
participate in any Mayors Youth Lea involving my child's participation i release, binding myself to the agree contact, or conditions in which injut officials, employees, sponsors, cost liability, costs, suits, and fees of comor presence at said activity. I acknow because of unacceptable exposure to free. I have read and understand this releatedly operative and effective in all rest am, or my child is injured or suffers	m any activity ment. I acknown activity ment. I acknown activities may occuponsoring organization for expensation activities activ	y, I represent full and owledge the program our. I waive and releganization, and particles or injury of any city of Hernando wisms or the expense of sign it freely and knows legal rights to which	d lawful authority to execute this of activity may involve physical ase the City of Hernando and its cipants from any claim, demand, kind arising from my participation II not offer access to the activity f providing a program that is risk owingly, intending that it shall be ch I, may otherwise, be entitled, if
Parent's Signature		Date	The state of the s
In the event of a serious injury, even person. However, there are times we Hernando will designate a responsibilimited to, calling 911 for emergence signing this form, you as a parent/ grandled treatment for your child. The	then the best ble person to by assistance, uardian, allow	efforts are to no av see medical treatment or transporting the st the City of Hernan	the parent/guardian of the injured ail, and in that case, the City of at. This could include, but it not student to a medical facility. By do permission to seek and secure
Physician's Name		Date	
Parent Signature		Date	