



2025-2026 APPLICATION

*****Accepting applications now!*****

Last Name:_____ First Name:_____

Name You Prefer to be Called:_____ Date of Birth:_____

Street Address:_____

City:_____ State:_____ Zip:_____

Email Address:_____

Phone:_____ Adult Shirt Size: ☐ S ☐ M ☐ L ☐ XL ☐ XXL

School:_____ Current Grade:_____

Food Allergies:_____

Parent/Guardian Name(s):_____

Parent/Guardian Email:_____ Phone:_____

Emergency Contact Name:_____

Emergency Contact Phone:_____ Relationship:_____

How did you find out about the Mayor's Youth Leadership Council?

- ☐ Flyer ☐ Social Media ☐ MYLC Member ☐ Teacher/Counselor/Principal ☐ Parent
☐ City's Website ☐ Other: _____

What are your hobbies and interests? _____

Please list school and community activities or service organizations in which you participate or volunteer. _____

Please answer the following questions. You may use a separate sheet of paper if necessary.

1. Why do you want to be involved on the Mayor's Youth Leadership Council?

2. How do you hope to develop as a leader on the Mayor's Youth Leadership Council?

3. What is the most important issue facing your neighborhood? How can you work with the Mayor's Youth Leadership Council to address this issue?

I understand the time commitment required for participation on the Mayor's Youth Leadership Council including one formal meeting per month, community project meetings, and volunteering events. I also know the importance of teamwork, and I will make a commitment to attend meetings and participate in cooperation with other members. I have read the MYLC's Leadership Values, and should I be selected to serve on this Council, I will support and uphold these values.

Signature of Applicant

Date

PARENT/LEGAL GUARDIAN PERMISSION

I give my permission for the above named applicant to seek a position on the La Vista Mayor's Youth Leadership Council, and I have read and understand the commitments required for the Council. I understand that if accepted, the applicant will need reliable transportation to meetings, events, and activities.

Signature of Parent/Legal Guardian

Date

Return completed applications to La Vista City Hall, 8116 Park View Blvd, or by email to mylc@cityoflavista.org. Questions can be directed to the MYLC advisor at 402.331.4343.



TEACHER RECOMMENDATION FORM

The La Vista Mayor's Youth Leadership Council is a youth advisory board to the City Council, established to help the City make important decisions about youth, as well as provide youth the opportunity to volunteer and participate in our local government. The answers you provide will assist the Mayor in selecting candidates to serve. Thank you for taking the time to fill out this recommendation form.

Student's Full Name:_____ Student's Current Grade Level:_____

Teacher's Full Name:_____ Subject(s) Taught:_____

Please rate the applicant in the following categories using the scale below:

1 - Poor; 2 - Unsatisfactory; 3 - Satisfactory; 4 - Above Average; 5 - Well Above Average; 6 -Outstanding

Achievement	1	2	3	4	5	6
Attendance	1	2	3	4	5	6
Creativity	1	2	3	4	5	6
Dependability	1	2	3	4	5	6
Motivation	1	2	3	4	5	6
Reliability	1	2	3	4	5	6
Thought Process	1	2	3	4	5	6
Work Ethic	1	2	3	4	5	6

Do you recommend the applicant to the Mayor and the City Council to serve on the Youth Council? Yes_____ No_____

Do you have any additional comments about the applicant?

Teacher Signature:_____

Date:_____

Teachers, please e-mail this completed form to mylc@cityoflavista.org.
Questions can be directed to the MYLC advisor at 402.331.4343.