Pooler Youth Council
Membership Application

The Youth Advisory Council of Pooler, Georgia is a place where young people can make a difference within their community by serving as a member of the Youth Advisory Council, a body composed of high school students within the City of Pooler.

The mission of the Youth Advisory Council is to broaden the scope of youth leadership in Pooler through volunteerism, service, and initiatives that encourage youth input into policy issues, identify youth concerns, and participate in developing positive community solutions.

Five to eight students are appointed annually. Appointments are made by the Pooler Youth Council Chairman, who shall be an elected official, Mayor and City Manager.

Application Information

Application Deadline: September 25
Required Submission:
1. Student Application (completed)
2. Parent/Legal Guardian Consent Form (signed)
3. One Letter of Recommendation (teacher, school administrator, community leader, or civic organization representative). Recommendation letters must be included with the application and cannot be submitted separately.
4. Resident of Pooler

Mail:
Councilman Michael Carpenter
Pooler Youth Council
100 US Highway 80 SW
Pooler, GA 31322

Email: MCarpenter@pooler-ga.gov
Phone: 912-759-0772

Part I – Personal Information

Student Name: _____

Age: _____

Address: _____

Parent/Legal Guardian: _____

Parent/Guardian Cell Phone: _____

Parent/Guardian Work Phone: _____

Parent Email: _____

Student Cell Phone (Optional): _____

Student Email (Optional): _____

Current School: _____

Current Grade: _____

School Attending Next Year (if different): _____

Grade Next Year: _____

Gender: _____

Race/Ethnicity: _____

Adult T-Shirt Size: _____

Short Essay Questions (50–100 words each)

1. Why do you want to serve as a member of the Pooler Youth Council, and if selected, how will this experience influence your future goals and civic involvement?

Response:

2. What do you believe is the most important issue facing Pooler's youth today? How would you work to address it as a Youth Council member?

Response:

3. If you could meet any Chatham County public figure (past or present), who would it be and why?

Response:

Part II – Parent/Legal Guardian Consent

I certify that I am the parent/legal guardian of the applicant and give permission for my child to participate in the Pooler Youth Council if selected.

Parent/Guardian Signature: _____ Date: _____

Part III – Letter of Recommendation Checklist

☐ One recommendation letter attached.

Recommender Name: _____ Title: _____

Applicant Certification

I certify that all information provided is true and complete.

Applicant Signature: _____ Date: _____