



TULSA YOUTH COUNCIL

2010-2011 APPLICATION

175 E. 2nd Street, Suite 475 • Tulsa, OK 74119 • (918) 596-1990 • www.tulsacouncil.org



APPLICATION INFORMATION

OPPORTUNITIES

As a Tulsa Youth Councilor, you will act as a direct representative for Tulsa's youth community to local, state, and federal leaders. The Youth Council is designed to provide members—and Tulsa's larger youth body—with professional development opportunities, direct access to local political leaders, and significant influence in municipal politics.

ELIGIBILITY

- You must be between 15 and 18 years of age in the upcoming 2010-2011 academic year.
- You must live within the City of Tulsa proper.
- You must be able to attend weekly Tulsa Youth Council meetings held Tuesday nights at 6:00 PM at City Hall. Meetings run approximately 1 to 2 hours.

APPLICATION PROCESS

Complete and mail in the Application Packet no later than the **May 1st** deadline. The Application Packet should include:

- **The Tulsa Youth Council 2010-2011 Application with completed essays.**
- **A résumé which includes:**
 - Relevant coursework
 - Academic and personal achievements
 - Extracurricular, personal, and volunteer activities
 - Unique skills or interests
- **A personal letter of recommendation from a teacher, counselor, employer, minister or family friend.** Please use the format given on the final two pages. The letter should be mailed directly to the City Council Office by the evaluator.

SELECTION AND APPOINTMENT

Exceptional applicants will be selected for an interview with their City Councilor, or a City Council Staff member. Members will be selected based upon both their application strength and their interview. Two individuals will be chosen from each of the nine council districts, appointed by the City Councilors; and three chosen from the city at-large, appointed by the Mayor. Youth Councilors will be sworn in at a Tulsa City Council meeting held shortly after their acceptance.

All application materials should be sent to:

**Tulsa City Council
Attn: Nick Doctor
175 E. 2nd Street, 4th Floor
Tulsa, OK 74103**

Or emailed to:

ndoctor@tulsacouncil.org



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APPLICANT INFORMATION

Name: _____ Council District: _____
 First Middle Last Nickname

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Cell Phone: (____) _____ Birthdate: ____/____/____

Email: _____ School Name: _____ Grade: _____

How did you hear about the Tulsa Youth Council? _____

Please list all Special Interests, Hobbies, or Skills: _____

PARENT/GUARDIAN INFORMATION

Mother's Name: _____ Work Phone: (____) _____ Cell Phone: (____) _____

Address (if different): _____ City: _____ State: _____ Zip: _____

Father's Name: _____ Work Phone: (____) _____ Cell Phone: (____) _____

Address (if different): _____ City: _____ State: _____ Zip: _____

TULSA YOUTH COUNCIL STUDENT COMMITMENT

I commit to actively participate in and attend the Tulsa Youth Council orientation, meetings, and events. I will strive to better the Youth Council's programs, activities, and discussions to the best of my abilities. And I pledge to fairly and accurately represent the youth of my Council District, and better their interests within the city of Tulsa.

Applicant's Signature

Date



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PERSONAL SHORT RESPONSES

Please type on a separate sheet of paper and attach to this application.

1. What is one of the major issues you feel youth face in Tulsa or in your neighborhood? Discuss how you would advise the Mayor and City Council to address that need.
2. Imagine that you have one day to be someone else – to live as them, to have their experiences, their power (or lack thereof), to see the world from their perspective. Who would you be? Why this person? What would you hope to accomplish?
3. The Tulsa Youth Council requires a commitment of time and energy, and a minimum of 10 hours per month. Please list any responsibilities and/or activities that you will be involved in during the next school year, and any summer jobs/internships you anticipate having next summer.

INTERVIEW DATE SELECTION

Once your application is received, you will be contacted by the Tulsa Youth Council to arrange an interview time. Interviews typically last half an hour, and will be held in the City Council offices of City Hall.

Please return the completed application, along with your personal resume, to:

**Tulsa City Council
Attn: Nick Doctor
175 E. 2nd Street, 4th Floor
Tulsa, OK 74103**

Or email to:
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Questions?

Call Nick Doctor at (918) 596-1978, or email at ndoctor@tulsacouncil.org



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LETTER OF RECOMMENDATION

TO THE APPLICANT: After completing the questions below, give this form to someone you feel most able to evaluate you on multiple levels of extracurricular involvement, academic abilities, etc. Please inform the recommender to send the letter directly to the Tulsa City Council at the address provided, rather than to you. Recommendation letters will only be accepted which are mailed directly from the recommender.

Name: _____ Date: _____
 First Middle Last Nickname

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Cell Phone: (____) _____ Age: _____ Birthdate: ____/____/____

Email: _____ School Name: _____ Grade: _____

TO THE RECOMMENDER: The Tulsa City Council uses this letter of recommendation to choose outstanding individuals from a pool of highly-qualified candidates. Please answer the questions below as candidly as possible and from your direct experience in working with the student. Please mail the recommendation letter directly to: Tulsa City Council, Attn: Nick Doctor, at the address provided at the end of this form no later than **May 1st**.

Name: _____ Title: _____
 First Middle Last

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Cell Phone: (____) _____ Email: _____

BACKGROUND QUESTIONS

1. How long have you known the applicant, and in what capacity?

2. What are the first words you think of when describing this student?



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LETTER OF RECOMMENDATION (CONTINUED)

EVALUATION QUESTIONS

(Please attach additional pages if needed)

3. Is the applicant aware of his or her academic strengths and weaknesses? Please describe a situation in which the applicant took advantage of personal strengths, or tried to improve areas of weakness.

4. Has the applicant actively sought activities that expand outside of their traditional social, cultural, or religious systems? Please provide examples, if possible.

Recommender's Signature

Date

Please mail the completed recommendation form, along with any additional pages, to:

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Attn: Nick Doctor
175 E. 2nd Street, 4th Floor
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