To:

Greg Mahler, Mayor

Ray Towry, City Manager

Date:

September 7, 2021

Attached are two applications for The Youth Advisory Committee. Mailey Brewer ia a seventh grader and Bea Reeve is a ninth grader. Both completed the leadership class of the Rural Community Leadership Program last spring. Both are interested in being a voice for youth on city committees and council.

Please approve their applications for the Youth Advisory Council. In addition, please appoint Mailey Brewer to an ex officio position on the city council and Bea Reeve as an ex officio member of the community health committee.

Thank you for your attention to this matter.

Diane Gerson, Councilor

Obrani Gerson

Youth Advisory Council liaison



SWEET HOME YOUTH ADVISORY COUNCIL APPLICATION AND PARENT PERMISSION FORM

Name:_	: Mailey Brewer Age: 12		: 12		
Address		City: Sweet Home	Zip: 97386		
Phone:		_E-ma	Work:		
School C	Surrently Attending: Junior high	= :	Grade: 7th		
Parent(s	Name: Cari and Paniel Brave	vPho	ne: 541-4a -0782		
Emergency Contact Name: <u>Cavi</u>		Pho	ne: 541-41-0782		
1.	Youth Advisory Council. My name is Mailey. Ive lived in Sweet Home all my life. I did the RDI Program last year. I was interested because Diane Gerson told me about a Program where I have a voice to make things better.				
3.	Are you able to commit to attending YAC meetings monthly and other meetings and events as scheduled?				
	Yes_ V No_		# (b)		
If "No" please explain why:					

City of Sweet Home YAC Application and Parent Permission

Selection

4.

must attend a mandatory pre-appointment orientation guardian. I/we further acknowledge that the City Composition appointment for deficiencies in the performance of Charter and Bylaws.	ion with at least one parent/legal
mailey	Date: 8/22/2021
YAC Applicant Signature	
Mailey Brewer	;
Printed Name of Applicant	
Parent Permission:	
By signing below, I/We hereby grant permission for Management of Management of Management of the City of Sweet Homes' Youth Advisory Council acknowledge that regular meetings will be held once a month I/we have reviewed the bylaws governing the Sweet Home You child and understand that from time to time there may be add events that my child will be asked to participate in, subject to	cil if selected and appointed. We We further acknowledge that Outh Advisory Council with our itional activities, meetings and
Parent Legal Guardian Signature	Date: 8 22 202
Caxi Breiner	1.7 ₀₀
Printed Name of Parent/Legal Guardian	
	Date:
Parent Legal Guardian Signature	-0
	↓ 20
Printed Name of Parent/Legal Guardian	
	**
Received:	
Orientation:Date:	
City Council Interview: Date:	

I understand that as part of the selection and appointment process to the YAC that I

Revised: October 2017

Appointed for term:



SWEET HOME YOUTH ADVISORY COUNCIL APPLICATION AND PARENT PERMISSION FORM

Name: Beafrice Rell		Age:_ [
Address	<u> city: S4ReFH</u>	ono Zip: 97386
Phone:	E-mail:	Work:
School Currently Attending: Swell H	one Highschool	Grade: 9"5
Parent(s) Name: Anne Marie	e Petri Reeve	Phone: 541 - 231 - 190
Emergency Contact Name:	me	(HoME) 541 - 367 - 19
1. Please tell us a little about you Youth Advisory Council.	rself and why you are in	terested in serving on the
t did Ruoral	leadership Prog	ram before this
2. Please list below five issues y success of Sweet Home as a	ou think are important to	the youth and or the overall
1' Lack of growth of the to	own. S. Lack of	
z: Not open to change.	activities than	Just Sports.
3. No diversit-1.	ih.	J
3. Are you able to commit to attended?	ending YAC meetings mo	onthly and other meetings and
Yes	No	, .
If "No" please explain why:		* •
Not totally she ket	Sihre I night	have
afew soccer games?	Ţ.	5

City of Sweet Home YAC Application and Parent Permission

Selection

4.

I understand that as part of the selection and a must attend a mandatory pre-appointment orie guardian. I/we further acknowledge that the Citappointment for deficiencies in the performanc Charter and Bylaws.	entation with at least one parent/legal ity Council may remove me from this	
·	Date:	
YAC Applicant Signature	:	
Printed Name of Applicant		
Parent Permission:	•	
By signing below, I/We hereby grant permission for participate in the City of Sweet Homes' Youth Advisory Cacknowledge that regular meetings will be held once a mal/we have reviewed the bylaws governing the Sweet Homehild and understand that from time to time there may be events that my child will be asked to participate in, subjectives.	Council if selected and appointed. We nonth. We further acknowledge that me Youth Advisory Council with our additional activities, meetings and	
anne Marie Petre Reeve	Date:	
Parent Legal Guardian Signature	100	
Anne Marie Petri Reeve		
Printed Name of Parent/Legal Guardian		
	Date:	
Parent Legal Guardian Signature	and the state of t	-3
Printed Name of Parent/Legal Guardian	& •	-
	*	
Received:		
Orientation:Date:		
City Council Intonious Doto:	<i>•</i>	

Revised: October 2017

Appointed for term:______ to _____