



**SWEET HOME YOUTH ADVISORY COUNCIL
APPLICATION AND PARENT PERMISSION FORM**

Name: Olivia Saveskie Age: 12
Address: [REDACTED] City: Sweet Home Zip: 97386
Phone: [REDACTED] E-mail: [REDACTED]
School Currently Attending: Sweet Home Jr High Grade: 7
Parent(s) Name: Christina + Pete Saveskie Phone: 541-367-4047
Emergency Contact Name: Christina Saveskie Phone: 541-367-4047

1. Please tell us a little bit about why you are interested in serving on the Youth Advisory Council: **I think that it's a great opportunity to be more involved with the politics of our town!**
2. Please list below five issues that you think are important to the youth or the overall success of Sweet Home as a community: **I believe that the covid policies (vaccinations, and such) are pretty important to the youth of Sweet Home. Just knowing where we stand on that stuff. I, personally, am not vaccinated. I don't have to explain that. I shouldn't need to. For me, I think that it would be amazing to give the Jr High a theater program. More artistic opportunities for our youth would be awesome, really. As a person who goes out of their way to do the arts, prices for things like gas, and time for things like homework, are very hard to find and manage. If people like me could do the same things, closer to home, not only would it be easier on us, but we could also do more, more artsy things! I also think that restoring the murals would be cool! Maybe we could do something about the bowling alley that burned down a couple of years ago? Just, like, more opportunities for people in the town limits of Sweet Home! I know that's only four, but I'm blanking right now.**
3. Are you able to commit to attending YAC meetings monthly and other meetings and events scheduled? **Yes!**

**City of Sweet Home
YAC Application and Parent Permission**

4. Selection

I understand that as part of the selection and appointment process to the YAC that I must attend a mandatory pre-appointment orientation with at least one parent/legal guardian. I/we further acknowledge that the City Council may remove me from this appointment for deficiencies in the performance of duties as outlined in the YAC Charter and Bylaws.

Olivia Saveskie

Date: 10/20/21

YAC Applicant Signature

Olivia Saveskie

Printed Name of Applicant

Parent Permission:

By signing below, I/We hereby grant permission for Olivia Saveskie to participate in the City of Sweet Homes' Youth Advisory Council if selected and appointed. We acknowledge that regular meetings will be held once a month. We further acknowledge that I/we have reviewed the bylaws governing the Sweet Home Youth Advisory Council with our child and understand that from time to time there may be additional activities, meetings and events that my child will be asked to participate in, subject to my/our approval.

Christina Saveskie

Date: 9.28.21

Parent Legal Guardian Signature

Christina Saveskie

Printed Name of Parent/Legal Guardian

Pete Saveskie

Date: 10/20/21

Parent Legal Guardian Signature

Pete Saveskie

Printed Name of Parent/Legal Guardian

Received:

Orientation: _____ Date: _____

City Council Interview: _____ Date: _____

Appointed for term: _____ to _____