

Education and Youth Advisory Student Representative Application

DATE: 2/18/21		Í	NAME:			Jessica Bryant	
PHONE: (561)-7		779-3389 E-MAIL :		AIL:	jessieb100604@gmail.com		
Your Grade in 202	1/2022:	10th	GPA:	3.7	Do you	reside in the City of Westlake?	no

Are your currently involved in any youth organizations, clubs, or activities? If so, please list.

Yes, I am a member of Student Government at Seminole Ridge High School, I am in the Go Green Club, I am a member of the Girls' Weightlifting team, I am also in Women's Empowerment Club.

Why do you want to volunteer with the Education and Youth and Advisory Board?

I would like to volunteer with the Education and Youth and Advisory Board because it gives me a chance to make a difference and better the community of West Lake as well as to the school district.

What can you contribute to the Education and Youth Advisory Board?

I can contribute any ideas I may have, attending every meeting in person, and helping out with whatever is needed.

What qualities do you possess ?(e.g., leadership)

I am very hardworking, committed, dedicated, determined, i like to be challenged, i have very good leadership skills and delegation skills.

List extracurricular activities, your role, and your favorite accomplishments in each:

- girls weight lifting at srhs- favorite accomplishment- qualifying for regionals as a freshman in 2020
- winning 2nd place at our state meeting for my committee's environmental awareness project in 2020
- winning 2nd place for a membership motivation project at our district meeting in 2021
- qualifying for regionals horse show at a senior level while at a junior age for 4H 2018

Parent/Guardian Name:	Nancy Coggin	Phone:	(561)-568-9440	
Address:	10436 Ibis Reserve Circle, West Palm Beach, FL			
Parent/Guardian Email:	bryantnancy82@yahoo.com			



Education and Youth Advisory Board Acknowledgment Form

Please initial next to each requirement indicating that you have read and agreed to our policies.

I, Jessica Bryant
Will be punctual for all programs and meetings and will give notice to the Education and Youth Advisory Board as soon as possible if I am unable to perform my duties.
Will show respect to everyone with whom I work.
Will complete assigned tasks to the best of my abilities for the Education and Youth Advisory Board.
Will be enthusiastic about volunteering and conduct myself in a professional manner.
Failure to comply will result in removal from the Education and Youth Advisory Board.
I certify that all statements in this application are true and complete to the best of my knowledge. I understand that any false statements will subject me to disqualification or dismissal. I have read and initialed each item in the Board Member acknowledgment and agree to adhere to these policies. I am aware that being a representative of the Education and Youth Advisory Board requires a commitment to participate in a monthly meeting to be held starting at 6:30pm or thereafter.
Printed Name
Applicant/Youth Representative Date: 2/18/21
For Parent/Guardian: As the legal guardian of the participant of the Education and Youth Advisory Board, I also adhere to these policies. I understand that my teen is expected to attend all meetings and is responsible for any additional hours for which they agree to work. As their guardian, I agree to ensure that they are able to participate in meetings.
Printed Name Nancy Coggin
Parent/Guardian Signature: Date: 2/18/21



Education and Youth Advisory Board Acknowledgment Form

Media Release

Parental consent for release of student photograph and information: I hereby give permission for the Education and Youth Advisory Board, City to use my child's photograph, video image, writing, ved n

Education and Y		to web sites, social media sites, etc. and/or sit City sponsored publications in the City approtographs.	
L	YES, I give permission _	NO, I do not give permission	
Printed Name _	Nancy Coggin		
Parent/Guardia	n Signature:	Date: 2/18/21	