

Education and Youth Advisory Board Student Representative Packet

What is the Education and Youth Advisory Board?

Mission and Purpose:

The Education and Youth Advisory Board shall build a strong community partnership and educational opportunities for the students in the schools located within the jurisdictional boundaries for the City of Westlake in efforts to promote and facilitate success among the students enrolled.

- 1. Serve as a student liaison between the City of Westlake, the Palm Beach County School District (the "School District"), and all public and charter schools which are located within the City in efforts to contribute, improve and enhance communication between all parties.
- 2. To promote and provide a student perspective towards public awareness of activities, programs, opportunities, and initiatives of public and charter schools located within the City.
- 3. To recognize and promote accomplishments of students, administrators, public schools and charter schools located within the City.

Meetings:

TBD. Meetings will generally be held as needed on the second Thursday at 6:30 PM. Meeting dates and times are subject to change.

What Do We Look for In A Student Representative?

Grade level: Sophomore/Junior

The Student Representative is enthusiastic about sharing their ideas and are committed to volunteering and participating with the Board. Have an interest in government, leadership and civic engagement.

Ability to participate in meetings in-person or virtually.

Education and Youth Advisory Board Student Representative Checklist:

- 1. Complete the Education and Youth Advisory Student Representative Application and Acknowledgment Form.
- 2. Attach Resume
- 3. Mail or email the application, Acknowledgement form and a resume to the Deputy City Clerk, Jomekeyia McNeil: <u>Jmcneil@westlakegov.com</u> or by mail: City of Westlake, City Clerk's Office 4001 Seminole Pratt Whitney Road, Westlake, Florida 33470.

Upon the submission of your completed application, it will be forwarded for review to the Education and Youth Advisory Board.



Education and Youth Advisory Student Representative Application

DATE:	March	8, 202	1 NA	ME:		Thor	nas Karbowski	
PHONE: 561-2		267-25	55 E-M	IAIL:	gataki19@outlook.com			
Your Grade in 2021/2022:		11	GPA:	4.66	Do you	Do you reside in the City of Westlake? Yes		
Are your currently	involved	in any you	uth organ	nizations, c		un marri - con conscius a		
I am current	ly a me	ember	of the	Nationa	al Hono	or Socie	ety, the SRHS Accipiter	
Why do you want to volunteer with the Education and Youth and Advisory Board?								
who stands up for other	s and I am ab	le to voice m	y thoughts v	well. I have live	d in Westlake	e for two years	ation before us. I have always been a person s and already seen many changes. My social hear and represent people.	
What can you con	tribute to t	the Educa	tion and	Youth Adv	isory Boa	ard?		
have classmates that are	just like me a is for many st	and some that udents. I was	t do not hav also a resid	re the many po dent of the first	sitive things t	hat I have in r	k very hard for my grades. I understand that I ny life. Seeing my mom work at a school, and I see how fast our city is changing.	
What qualities do	you posse	ss ?(e.g.,	leadersh	ip)				
							called on to be a leader in my classes during try and our neighborhood are.	
List extracurricula	r activities	s, your rol	e, and yo	our favorite	accompl	ishments i	n each:	
National Honor Society- Football- Making new fri Weightlifting- Qualifying	ends and bec	oming a lead	er	10 10 10 10 10 10 10 10 10 10 10 10 10 1	(175) ************************************	ed		
Parent/Guardian	Name:	Darline Ka	arbowski			Phone:	954-632-5517	
Address:		5948 B	5948 Buttonbush Drive Westlake, FI 33470					
Parent/Guardian	karbodar@att.net							



I, Thomas Karbowski

Education and Youth Advisory Board Acknowledgment Form

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

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 Thomas Kortowski
Applicant/Youth Representative Town (500mk) Date: 3/8/21
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 Darline Karbowski
Parent/Guardian Signature: Delto Date: 3/8/21



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, voice recording, name, grade level, school name, to web sites, social media sites, etc. and/or similar Education and Youth Advisory Board, or similar City sponsored publications in the City approved news media interviews, releases, articles, and photographs.

news media interviews, releases, articles, and photographs.
YES, I give permissionNO, I do not give permission
Printed Name Darline Karbowski
Parent/Guardian Signature: De Kaulon Date: 3/8/21