

THE FRANKLIN TOWNSHIP YOUTH SERVICES COMMISSION
INVITES INTERESTED YOUTH TO SEEK MEMBERSHIP IN

THE
FRANKLIN TOWNSHIP YOUTH COUNCIL

ELIGIBLE TO YOUTH
GRADES 7-11 OR AGE 12-17



Are you...

Eager to make a positive difference in your community?

Committed to boosting diversity within the Township?

Smart? Energetic? Creative? Organized? Fun-loving?

Want to be more involved and connected with youth in our community?

Interested in how local government works?

Willing to attend monthly evening meetings as an active participant of the Youth Council?

If you answered yes to the questions above,
then the Franklin Township Youth Council may be right for you!

FRANKLIN TOWNSHIP YOUTH COUNCIL...

- X Plans activities for youth in the community
- X Organizes community service projects
- X Coordinates projects with press and local leaders
- X Shares information with other youth about available resources
- X Provides input to local leaders regarding community issues



If you are interested in being part of the Franklin Township Youth Council, please complete the application on the reverse side and return it to Saffie Kallon, FTYC Coordinator, 505 DeMott Lane, Somerset, NJ 08873.

Youth Council meetings will be held the first and third Tuesday of each month from 6:30-8:30 p.m. at the Senior/Community Center. For more information, please call Franklin Recreation at (732) 873-1991.



FRANKLIN TOWNSHIP YOUTH COUNCIL MEMBER APPLICATION FORM

NAME: _____

FULL ADDRESS: _____

HOME PHONE: _____ CELL: _____ E-MAIL: _____

SCHOOL: _____ BIRTH DATE: _____ GRADE: _____

PARENT/GUARDIAN NAME: _____ (MOTHER) _____ (FATHER)

PARENT/GUARDIAN SIGNATURE: _____

Please list groups, organizations, extra-curricular activities, leadership positions, interests, hobbies and/or strengths: _____

APPLICANT:

- Please write a 200-word essay on why you would like to be a member of the Franklin Township Youth Council and how you personally display dedication, commitment, and responsibility.
- Include two (2) letters of recommendation, from a non-family member, illustrating how you show leadership and character in everyday life.
- Please attach a copy of your last report card

RECOMMENDATIONS: Name and position of adult supporting student's application:

PLEASE NOTE: TWO (2) letters of recommendation are required. Recommendations cannot be from a family member.

_____/_____
(NAME OF TEACHER, COUNSELOR, PRINCIPAL, CLERGY, COMMUNITY LEADER, ETC.) PHONE NUMBER

_____/_____
(NAME OF TEACHER, COUNSELOR, PRINCIPAL, CLERGY, COMMUNITY LEADER, ETC.) PHONE NUMBER

RETURN APPLICATION TO SAFFIE KALLON, FTYC COORDINATOR, 505 DEMOTT LANE, SOMERSET, NJ 08873.