

Mayor's Leadership Council

2025 – 2026 APPLICATION

Send complete applications to:
akiser@cityofgoosecreek.gov

Applicant's Information

Name	:	<input type="text"/>			
Age	:	<input type="text"/>	Grade	:	<input type="text"/>
Street Address	:	<input type="text"/>			
		<input type="text"/>			
City	:	<input type="text"/>	Zip/Postal Code	:	<input type="text"/>
Telephone	:	<input type="text"/>	Cell	:	<input type="text"/>
Email	:	<input type="text"/>	Birthday	:	<input type="text"/>
School	:	<input type="text"/>			

Mission Statement

The mission of the Mayor's Leadership Council is to empower Goose Creek's youth by providing them with opportunities to engage with local government and support their community through various projects.

Female Male

Please check all that apply:

- I have transportation to get to council meetings/events.
- I initiated my interest in this program.
- I was asked to apply for this position.
- I am already affiliated with a service organization/club at my high school.
Please specify which organization/club _____

Parent/Guardian's Information

Mother/Guardian	<input type="text"/>	Father/Guardian	<input type="text"/>
Phone/Cell	<input type="text"/>	Phone/Cell	<input type="text"/>
Email	<input type="text"/>	Email	<input type="text"/>
Telephone	<input type="text"/>	Telephone	<input type="text"/>
Emergency Contact	<input type="text"/>		
Relationship to youth	<input type="text"/>		



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Please respond to the following questions:

(Feel free to use a separate sheet of paper)

1. Why do you want to serve as a member of the Mayor's Leadership Council?

2. What are the three most important issues to you, your friends, and/or your family concerning your neighborhood/City of Goose Creek?
 - 1.
 - 2.
 - 3.

3. What is the most critical issue facing teens in your school, in your neighborhood, and in your city. What could you specifically do to improve this issue? (You may select from your list in your previous response.)

4. Please list any other activities you will be involved in during the school year. Include employment, sports, community, school, and religious groups. If you have numerous obligations, explain how you will be able to devote the required time to the Leadership Council.

5. What personal skills, talents, and/or resources do you have to contribute to the success of this organization?

6. What are your short term and long term career goals? Are you interested in local government? Please specify.



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Membership Criteria

- Represent youths/teens on issues important to them
- Identify ways to improve the City of Goose Creek for its youths
- Actively participate in improvement initiatives
- Promote teamwork at all meetings/events/activities
- Participate whole-heartedly
- Respect adult leaders
- Attend scheduled City Council meetings at designated location (2nd Tuesday of each month @ 6pm)
- Minimum GPA: 3.5
- Abstain in illegal activities (alcohol, drugs, and tobacco); participate in no behaviors that would be considered demeaning and/or damaging to the image of the City of Goose Creek.
- Follow all rules and requirements (no OOS/ISS)

The following will result in the removal from the Leadership Council:

- The inability to fulfill any of the required or assigned responsibilities or displaying overall inactivity that will inhibit the effectiveness of the leadership council.
- Missing 2 consecutive scheduled meetings/events/activities (regardless of conflicting issues).
- Missing any 3 meetings/events/activities without providing notification prior to the event.

References

Please have two adult references (non-relatives) complete the attached reference checklist and turn in with your completed application by April 14, 2025.

Applicant Statement

I have read and understand the commitment required to be a representative for the Mayor's Leadership Council. I also realize the importance of teamwork and cooperation, and I am willing to make this commitment.

Student Signature: _____ Date: _____

Parent/Legal Guardian: I give my permission for
to seek the position of representative on the Mayor's Leadership Council.

Signature of Parent: _____ Date: _____



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Teacher Recommendation Checklist

Student's Name :

Teacher's Name:

Teacher's Signature : _____ Date : _____

In making the following ratings and comments, please keep in mind that they will be used to compare this student with his/her peers. Please complete the checklist below and add any comments you feel are necessary in assessing this student.

	Average or Below	Good (Above Average)	Excellent (top 15% of his/her class)	Outstanding (top 5% of his/her class)	No basis for judgement
Academic Creativity					
Academic Self-Discipline					
Academic Growth Potential					
Leadership					
Self-Confidence					
Warmth of Personality					
Sense of Humor					
Concern for Others					
Energy					
Emotional Maturity					
Personal Initiative					
Reaction to Setbacks					
Respect Accorded by Faculty					

Comments:



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Non-Relative Recommendation Checklist

Student's Name :

Teacher's Name:

Teacher's Signature : _____ Date : _____

In making the following ratings and comments, please keep in mind that they will be used to compare this student with his/her peers. Please complete the checklist below and add any comments you feel are necessary in assessing this student.

	Average or Below	Good (Above Average)	Excellent (top 15% of his/her class)	Outstanding (top 5% of his/her class)	No basis for judgement
Academic Creativity					
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Self-Confidence					
Warmth of Personality					
Sense of Humor					
Concern for Others					
Energy					
Emotional Maturity					
Personal Initiative					
Reaction to Setbacks					
Respect Accorded by Faculty					

Comments:

