

HELENA TEEN COUNCIL APPLICATION

Our mission is to be active, young members of the community, build civic knowledge and leadership skills, and bridge the link between the city's youth and adults.

Applications must be received at or before 5:00 pm on 5/26.

Mail or drop off: Helena City Hall
Attn: Teen Council Application
10 Jack Gray Way
Helena, AL 35080

Email: MHarris@cityofhelena.org
Subject: Teen Council Application

Full Name _____ Email _____
Address _____ Phone _____
Birthday _____ Grade in Fall, 2026 10 11 12 GPA _____

By signing this application, I commit to (1) being a leader in my community and school, (2) abiding by the Helena Teen Council bylaws including attending meetings on the second and fourth Mondays of the month, (3) performing at least 20 hours of community service per year, and (4) maintaining a GPA of 2.75 or higher.

SIGNATURE _____ DATE _____

With your application, attach:

- A recommendation from a teacher, minister, business or community leader
- A short essay on one of the following topics:
 - How does municipal government play a role in preserving self-government and civic duty, and how do you see yourself contributing to that mission?
 - What issues in our community matter most to you, and how would you approach solutions through leadership and service?
 - What motivates you to take an interest in municipal government, and how do you hope to make a lasting impact on our community?

All applicants will be asked to come for an in-person interview at a later date.

PARENT PERMISSION FORM

If selected, I consent for my child,
to participate in the Helena Teen Council and their activities. I understand my child is expected to follow the Helena Teen Council bylaws, and failure to do so may be cause for expulsion.

PARENT NAMES _____

PARENT EMAIL _____

PARENT PHONE _____

PARENT SIGNATURE _____