



## CITY OF DUBLIN YOUTH COUNCIL APPLICATION

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Upcoming Grade: \_\_\_\_\_ School: \_\_\_\_\_

**MEETINGS ARE HELD EVERY 2ND AND 4TH SATURDAYS @ 1:00 PM**  
**UNLESS THE YOUTH COUNCIL AS A WHOLE DECIDES TO CHANGE TIME**

TO BE CONSIDERED, STUDENT APPLICANT MUST MEET THE  
FOLLOWING CRITERIA:

- ATTEND A MANDATORY SUMMER ORIENTATION & TRAINING ON JUNE 1ST FROM 9:00 AM TO 4:00 PM
- BE ENROLLED IN DUBLIN, LAURENS COUNTY, TRINITY, OR HOMESCHOOL SYSTEMS AS A HIGH SCHOOL STUDENT FOR THE 2026-2027 YEAR
- MUST ATTEND AT LEAST ONE PARADE
- PARTICIPATE IN COMMUNITY EVENTS
- APPLICATIONS MUST BE TURNED IN BY MARCH 2ND, RETURN APPLICATIONS BACK TO CITY HALL TO REGINA MCDANIEL OR EMAIL TO [mcdanielr@dublinga.org](mailto:mcdanielr@dublinga.org)

- IF YOU HAVE ANY QUESTIONS, REGINA MCDANIEL (478)697-4423

I, \_\_\_\_\_, verify that the information I have included is correct to the best of my knowledge. I am interested in serving my community and if selected will abide by all rules, by-laws, and regulations of the Youth Council.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_, grant permission for my child to serve on the City of Dublin Youth Council and for them to participate in all activities of the Youth Council. I understand that my child may be photographed for our website, newspaper, and brochures.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_