



EYE TOWN COUNCIL

Eye Skate Park Youth Council – Application form.

The Eye Youth Council is made up of people who are interested in making the skate park at Town Moors in Eye a great place to be. If you want to be part of the day-to-day management of the park including control of appropriate use, keep area clear of litter etc.

What's in it for me?

- Lots of fun!
- The opportunity to have your voice heard.
- Represent others in your communities.
- Meet new people from Eye.
- A chance to find out more about your local community.
- Impact positive change
- A reference for school/ college/ university/ employment

What's in it for us?

- Youth ambassadors and future leaders from the community.
- Opportunities to get a young person's take on things.
- To make sure we are doing what's right for you.

Interested?

If so, fill out the next few pages and return the Eye Town Clerk at townclerk@eyesuffolk.org or post to Eye Town Council, The Old Common Room, Tacon Close, Eye, Suffolk, IP23 7AU.

Any questions ask the Town Clerk at the email above or telephone 07713 196251.

First name:	
Surname:	
Address:	
Postcode:	
Home phone number	
Mobile number	
Email	



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Have you been involved in anything like a Youth Council before? If so, please tell us about it.

We're looking for someone who...

- Is committed, lively and outgoing.
- Is prepared to volunteer a maximum of 2 hours a week (outside of school hours)
- Has an interest in issues affecting young people.
- Is able to listen to and respect the views of young people.
- Takes their responsibilities seriously.
- Isn't afraid to speak their mind.
- Asks for support, advice and help if needed.
- Has a sense of humour.
- Can work as part of a team.

When answering the following questions, think about what we are looking for and try to include this in your answers.

Why do you want to be a Youth Council member?



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What skills and qualities would you bring to the role?

What do you want to achieve for the Skate Park and the young people of Eye?

By signing you agree to having a DBS check if over the age of 16

Signed:

Print Name

Date:

Name and signature of Parent/Legal Guardian endorsing your application if aged 11 -16

Signed:

Print Name

Date: