





PARKS AND RECREATION  
Town of Chapel Hill  
200 Plant Road  
Chapel Hill, NC 27514

phone (919) 968-2784 fax (919) 932-2923  
[www.townofchapelhill.org](http://www.townofchapelhill.org)  
[www.chapelhillparks.org](http://www.chapelhillparks.org)

Dear Parent:

Your child has been recommended as a candidate for the Chapel Hill Youth Council (CHYC).  
The purposes of the Youth Council are:

1. To familiarize, orientate, and involve its youthful members with the various departments of City government, including the Town Council and Mayor's office. With these experiences come the opportunities for students to see first hand how our elected public officials carry out their duties and responsibilities, i.e., they will see and experience democracy in action;
2. To provide opportunities for Youth Council members to identify, select, and carry out community service projects that improve the quality of life for our citizens; and
3. Through membership in the State Youth Advocacy Council, provide opportunities for CHYC members to attend workshops, conferences, and retreats which are designed to enhance their Leadership, Team Building, and Service Learning skills.

Information provided on the application will be held in confidence. Applicants selected to serve on the CHYC will be notified in writing. By signing this application, the applicant acknowledges that he/she understands the requirements stated therein, including the attendance and transportation policies.

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Signature of Parent/Guardian

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Date

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Signature of Student

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Date



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## Attendance Policy

- The success of this program depends on the commitment of each member to attend meetings on a regular and punctual basis, except for excused absences, e.g. sickness, school functions (band, athletic membership, cheerleading), family vacation, church functions, and death;
- Unexcused absences are such events as dances, recreational ball games, and dating;
- Transportation is the responsibility of each CHYC member and cannot be excused except in unusual and/or emergency situations.

## References

Give Reference Form #1 to your school Principal, Counselor, or Teacher.

Give Reference Form #2 to a family friend, minister and/or someone that knows you on personal level.

Return Application To:  
Youth Council Coordinator  
Parks & Recreation  
Town of Chapel Hill  
200 Plant Road  
Chapel Hill, NC 27514  
919-968-2841

Check List:

- \_\_\_ Application completed and signed by applicant
- \_\_\_ Parental permission signed by parent(s)/Legal guardian
- \_\_\_ Two (2) reference letters submitted



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## CHYC Reference Form #1

Name of Student \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

**Student:** Please sign and date the waiver below. Your reference must complete and return this form within one (1) week of receiving it, or they must send it directly to: \_\_\_\_\_ . You are responsible for making sure it is submitted by the deadline.

### Waiver of Access:

I, the undersigned, waive the right of personal access to the reference.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Reference

\_\_\_\_\_  
Title/Position

\_\_\_\_\_  
School/Firm/Organization

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Email Address



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### CHYC Reference Form #1 (cont'd)

	Superior	+Average	Average	Low	Unable to Judge
- Character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Concern for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Leadership Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Ability to Work With others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Level of Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Oral Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Interest in Community Affairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Extracurricular Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**\*NOTE: please do not refer to student by name**

1. For how long, and in what capacity, have you known the applicant?

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2. What do you consider the applicant's primary interests, talents and strengths?

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3. What are some of the applicant's weaknesses?

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4. Describe the applicant's relationships with peers.

---

5. Is the applicant interested in community affairs?

---

---

Signature of Reference

---

Date



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## CHYC Reference Form #2

Name of Student \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

**Student:** Please sign and date the waiver below. Your reference must complete and return this form within one (1) week of receiving it, or they must send it directly to:

\_\_\_\_\_. You are responsible for making sure it is submitted by the deadline.

### Waiver of Access:

I, the undersigned, waive the right of personal access to the reference.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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Name of Reference

\_\_\_\_\_  
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School/Firm/Organization

\_\_\_\_\_  
Phone number

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### CHYC Reference Form #2 (cont'd)

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- Character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Concern for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Leadership					
Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Ability to Work					
With others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Level of Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Oral Communication					
Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Interest in Community					
Affairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Extracurricular					
Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**\*NOTE: please do not refer to student by name**

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**Signature of Reference**

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**Date**