GLASTONBURY YOUTH ADVISORY COUNCIL

Dear Student:

Attached is an application to participate in the Town of Glastonbury Youth Advisory Council. The Youth Advisory Council was created to give the youth of Glastonbury an opportunity to provide their valuable input into town government. This program is looking to recruit a broad selection of youth that represents the diverse nature of the youth in our community. We are interested in youth who are:

- Personally committed to youth programs and ideas
- Active listeners and interested in learning more about prevention.
- Living a substance free lifestyle.
- Are positive leaders and role models.

Activities of the Youth Advisory Council will include

- Bi-monthly meetings, typically Mondays from 2:15pm-3:30pm, to discuss current issues that affect the Glastonbury youth and/or to plan town wide events. **Meetings dates and times to be announced (September through June). The amount of meetings may increase to accommodate event planning.**
- Youth leadership opportunities and training.
- Meetings or Town Forums during the year with key constituents in the town of Glastonbury.

The Youth Advisory Council will consist of 15-20 voting members from the public, private and home schools or town of Glastonbury. **During the 2026/2027 School Year representatives will be;**

- A resident or a full time student of Glastonbury.
- In grades 8-12 in the 2026-2027 school year (Currently in grades 7-11)
- Fully committed to attending meetings. *****Maximum excused absences during the school year will total 3 and excused Tardiness or Early Dismissal will total 3 before removal from the group. Excused absences include, but are not limited to; school sponsored events or trips, family vacations, or personal illness.**
- Responsible for providing or obtaining their own transportation to & from meetings.
- Able to interview with the two Youth Advisory Council advisors and a member of the Youth Advisory Council Executive Board. (Date to be determined.)

For further information, eligible students may contact Danielle Murphy, Director of Glastonbury Youth and Family Services, at 860-652-7673. Applications **must** be returned to Danielle Murphy at Youth and Family Services, 321 Hubbard St. Glastonbury CT 06033 or electronically to danielle.murphy@glastonbury-ct.gov
Students will be notified of the interview date once all applications are received.

We look forward to hearing from you.

Sincerely,
Danielle Murphy
Director of Glastonbury Youth and Family Services
Glastonbury Youth and Family Services
860-652-7673
danielle.murphy@glastonbury-ct.gov

Town of Glastonbury
Youth Advisory Council
Youth Application

Please type or print clearly. Return application to Youth and Family Services 321 Hubbard St. Glastonbury, CT 06033 or electronically. Please Complete the Application in its Entirety. An incomplete application will not be considered.

Applicants must meet the following minimum criteria:

1. **Be a full time student in a Glastonbury school or a resident of the Town of Glastonbury.**
2. **During school year 2026-2027 are in grades 8-12. (Currently in grades 7-11)**
3. **Be able to provide their own transportation to & from meetings.**

Name		**Age:**
School		**Current Grade**
Address	**City**	**Zip**
Home Telephone **Cell Phone**	**e-mail**	

Please check which applies to you:	
	I initiated my own involvement in this project.
	I was asked to apply for this position.

How did you hear about the Youth Advisory Council? __ School __Newspaper __Friend _____Other

If recruited for this position, by whom?

Why do you want to serve on the Youth Advisory Council? What are you hoping to get out of being a member of the council?

What do you think are the three most important youth related issues in Glastonbury which affect you and your peers?

1.

2.

3.

Please list what personal skills and characteristics you possess that would make you a good youth representative?
Student signature
I understand the time commitment required for the Youth Advisory Council. I also know the importance of leadership, teamwork and cooperation. I am able to make such a commitment to this council.
Student signature: Date:
Parent/Legal Guardian's Permission
I give my permission for _____ to seek the position of representative to the Glastonbury Youth Advisory Council. (student name)
Parent/Guardian Signature Date
Telephone number in case of emergency:_____ **Name of emergency contact and relationship to youth:_____**