



South Bend Community School Corporation & City of South Bend Joint Advisory Committee

Application Form (for both Adults & Students)

1. Application maybe be completed online at https://southbendin.gov/schoolscityadvisorycommittee/

Or complete and email to schoolscity@southbendin.gov

Or complete and mail or deliver to either:

South Bend School Community Corporation Office of Superintendent 215 S. Dr. Martin Luther King Bld South Bend, IN 46601

City of South Bend Office of the Mayor 227 W. Jefferson Blvd., Suite 1400 South Bend, IN 46601

Applications must be completed by 5:00 p.m. Friday, June 2, 2023.

- 2. Student Applicants MUST complete the "Parent/ Legal Guardian Permission/ Release" form, have parent/ guardian sign, and include with completed application.
- **3.** <u>A Resume</u> is strongly recommended for adult applicants. Letters of Recommendation are strongly recommended for student applicants.

		Date:		
Name:				
School Affiliation:		Grade (if student):		
Home Address:				
City:	Zip:	Telephone:		
Email address				
your role.	_	nd other organizations which you are active in an		
Why are you interested Committee?	in actively parti	cipating on the Joint Schools/City Advisory		
Please list the most criti	cal issues you be	elieve youth face our Schools and City.		

Described to the second	I. i Al i C I C I.l. 2		
Describe three goals you would like the	ne Joint Advisory Council to accomplish?		
I have completed this application with accurate information and wish to have it considered for a position on the South Bend Community School Corporation & City of South Bend Joint Advisory Committee. If selected, I will make the necessary personal time commitments necessary to serve our community.			
Signature	Date		

^{*}Note: If you are a student applicant, please have your Parent/Legal Guardian complete the permission/release form on the following page.

Parent/Legal Guardian Permission/Release Form

I give my permission for my son/daughter to seek the position of a Student Member to the Joint Advisory Council of the City of South Bend, Indiana. If selected, I will make sure that my son/ daughter will make the necessary personal and time commitments necessary to serve the youth of our community. I further understand that as a member of the Joint Advisory Council my son/ daughter may have photos, film, digital imaging, videos, verbal and written statements of his or her likeness for promotional, web usage or other uses associated with the Joint Advisory Council. To that end, I grant permission for such usage.

(Parent/ Legal Guardian, signature)	(Date)	
Emergency Contact:		
Name:	Relationship:	
Address:		
Home phone:	Work phone number:	
Cell phone number:	-	