

Citizens Youth Council of Leadership Excellence Application

Student's Name _____
Address _____ Phone # _____
Home School _____ Grade Level _____

I am interested in participating with the **Citizens Youth Council of Leadership Excellence** (CYCLE) because: *(use back of application if more space is needed).*

School Activities _____
Community Activities _____
Student Recommended by _____
Student Signature _____ Date _____
Parents/Guardian Signature _____ Date _____

The **Citizens Youth Council of Leadership Excellence** is a partnership between the Greensboro Police Department, and Warriors, Inc. Adult advisors from the community will provide mentoring and support of CYCLE participants.

The **mission** of the **Citizens Youth Council of Leadership Excellence** is to represent, advocate, and encourage youth in community and city government.

The **vision** of CYCLE is to provide an avenue for Greensboro/Guilford County youth to understand the importance of civic responsibility with local government. Empowered youth become positive agents of change by giving voice and representation to youth related issues. Mentoring, informational workshops, and hands on experience/s will engage youth in policy creation, solution driven leadership, and community mutual respect. Adults and youth will work in partnership to share and achieve goals.

Office Use Only

Date Application Received _____ Date Application Review _____
School Patrol Division _____

Home Patrol Division _____
School SRO: _____
Date Student Notified _____ Notified by _____