



City of New Albany, Indiana

Youth Council Application

For Students Entering Grades 9–12 | Term: 2025-2026

Deadline to Apply: August 18, 2025

Mail/deliver completed applications to: Vicki Glotzbach, City Clerk, 142 E Main Street, New Albany, IN 47150

or via email at vglotzbach@cityofnewalbany.com

Applicant Information

Full Name: _____

Preferred Name (if any): _____

Home Address: _____

Date of Birth: _____ Current Grade (as of this fall): _____ (Must be entering grades 9–12)

School: _____

Email Address: _____ Phone Number: _____

Short Answer Questions

1. Why do you want to serve on the New Albany Youth Council?

2. What qualities, skills, or experiences do you bring that would make you a good Youth Council member?

3. Describe a time when you worked as part of a team. What was your role, and what did you learn?



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4. What is one issue facing youth in New Albany that you care about, and what would you like to see done about it?

Availability

Are you able to attend monthly meetings at City Hall (day/time to be determined)?

☐ Yes ☐ No ☐ Maybe (please explain): _____

References

Please list one adult reference (teacher, counselor, coach, employer, etc.) who can speak to your character and leadership potential.

Name: _____ Relationship to You: _____

Email: _____ Phone: _____

Acknowledgment

By submitting this application, I affirm that:

- I am a resident of the City of New Albany.
- I will be a student in grades 9–12 during the upcoming academic year.
- I understand the expectations and time commitments required for Youth Council participation.
- I agree to follow all rules, bylaws, and codes of conduct established by the City and the Youth Council.

Applicant Signature: _____ Date: _____

Parent/Guardian Signature (if under 18): _____ Date: _____