



TEEN COUNCIL

2014-2015

What is Teen Council?

Teen Council is a volunteer organization made up of fun and fascinating teens! It provides teens with the opportunity to have a “voice” in the community.

What is the mission of Teen Council?

The mission of our Teen Council is to empower teens with the core values of leadership, accountability, and a heart for service.

Who can join

Anyone in grades 6-8 can join Teen Council.

What activities do members participate in?

Members participate in monthly volunteer projects, social activities, and planning meetings. Meetings are held once a month, on Mondays typically from 3:30pm until 4:30pm. Light refreshments are served. Members also assist with special events such as the Easter Egg Hunt & Halloween Carnival.

Why should I join Teen Council?

Why wouldn't you! Teen Council looks great on future college applications, allows teens to make a difference in their community, and have fun. Not to mention make tons of new friends!

How do I become a member?

Teen Council is **FREE** to join. Simply fill out an application, get a parent or guardian signature, and take, mail, or fax it to the Falls Church Community Center.

Falls Church Teen Center
223 Little Falls Street
Falls Church, VA 22046

703-248-5307 office
703-536-8150 fax
amaltese@fallschurchva.gov



The City of Falls Church is committed to the letter and spirit of the Americans with Disabilities Act. To request a reasonable accommodation for any type of disability call 703-248-5077 (TTY 711)



Teen Council Application

2014-2015

To be completed by the participant:

By joining Teen Council, I am making a commitment to attend all meetings and activities and to actively participate. This includes being on time, behaving and genuinely offering my ideas and opinions. By signing below, I agree to put forth my best effort as a member.

Printed name of participant

Grade

Phone Number

Email Address

Signature of participant

To be completed by parent/guardian:

I understand that there may be risk inherent in any activity, including exercise, and I acknowledge that I have been advised to seek the advise of a medical doctor before I or my child participates in this program. I and my child agree to assume all risks of illness or injury resulting from participation in the program(s) noted below. I understand that the City of Falls Church makes no representations as to the safety of this program for me. I and my child hereby waive and release the City of Falls Church, its agents, officers and employees, including the program instructor, from and against all claims for illness or injury directly resulting from my participation in this program.

Parent/Guardian Signature: _____

Falls Church Teen Center

223 Little Falls Street

Falls Church, VA 22046



The City of Falls Church is committed to the letter and spirit of the Americans with Disabilities Act. To request a reasonable accommodation for any type of disability call 703-248-5077 (TTY 711)