

**YOUTH ADVISORY COUNCIL
LETTER OF RECOMMENDATION FORM**

** Not required for returning YAC members*

STUDENT: PLEASE EMAIL OR PRINT THIS FORM FOR AN ADULT
(NOT RELATED TO YOU) TO COMPLETE

STUDENT/APPLICANT NAME:
YOUR NAME:
YOUR EMAIL OR CELL PHONE (SHOULD WE HAVE ANY FURTHER QUESTIONS):
HOW LONG HAVE YOU KNOWN THIS STUDENT?:
IN WHAT CAPACITY DO YOU KNOW THIS STUDENT?:
THIS STUDENT IS APPLYING TO THE VILLAGE OF PINECREST YOUTH ADVISORY COUNCIL. THE PURPOSE OF THIS COUNCIL IS TO PROVIDE LOCAL YOUTH WITH OPPORTUNITIES TO PARTICIPATE IN LOCAL ISSUES AND EVENTS, AS WELL AS LEARN ABOUT LOCAL GOVERNMENT. PLEASE DESCRIBE SOME OF THE QUALITIES OF THIS STUDENT THAT MAKES THEM A GOOD CANDIDATE:
DO YOU HAVE ANY HESITATIONS IN RECOMMENDING THIS STUDENT?

Your Signature: _____ Date: _____

THANK YOU!

Please snail mail or email the completed Letter of Recommendation **by Monday, May 11, 2026.**

Village of Pinecrest, Attn: Youth Advisory Council, 12645 Pinecrest Parkway, Pinecrest, FL 33156

Or, Email: clerk@pinecrest-fl.gov