

APPLICATION FOR YOUTH ADVISORY COMMISSION

**RETURN TO: Salinas Parks and Community Services Department
200 Lincoln Ave.
Salinas, CA. 93901
Fax- 758-7934**

NOTE: Please print or type. If you need more space, use reverse side.

NAME: _____ **AGE** _____

ADDRESS: _____ **ZIP CODE:** _____

SCHOOL CURRENTLY ATTENDING: _____ **GRADE(entering 2010):** _____

SCHOOL YOU WILL ATTEND NEXT YEAR: _____

TELEPHONE: (Daytime) _____ **(Evening)** _____

SCHOOL ACTIVITIES: _____

DO YOU HAVE A JOB? YES _____ **NO** _____

SPECIAL QUALIFICATIONS FOR COMMISSION: _____

ORGANIZATION (S) AND COMMUNITY SERVICE INVOLVEMENT: _____

ARE YOU ABLE TO ATTEND MEETINGS EVERY SECOND AND FOURTH MONDAY IN THE EVENINGS? YES _____ **NO** _____

WHY ARE YOU INTERESTED IN SERVING ON THE YOUTH ADVISORY COMMISSION?

I understand I will be required to participate in the activities the Youth Commission organizes & decides to become involved with, beyond the required meetings and must reside within the Salinas City Limits.

(Signature of Applicant)

Signature of Parent or Guardian

(Date)

I have been requested to apply by a Council Member Yes _____ NO _____

If yes whom _____