

APPLICATION FOR YOUTH ADVISORY COMMISSION

**RETURN TO: Salinas Recreation Park 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:** _____
EMAIL ADDRESS: _____
SCHOOL CURRENTLY ATTENDING: _____
SCHOOL YOU WILL ATTEND NEXT YEAR: _____ **GRADE(Fall 2009):** _____
TELEPHONE: (Daytime) _____ **(Evening)** _____
(Cell) _____ **(E-Mail address)** _____
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. YES _____ **NO** _____

(Signature of Applicant)

(Date)

(Signature of Parent or Guardian)