Youth Commission Application

First Name: _____ Last Name: _____

Phone Number:_____ Email Address: _____

Name of School Currently Attending: _____

Minors Only (Under 18 years)

Name of Parent(s) or Guardian(s) (Please Print):

_____ _____

Parent/Guardian Name Parent/Guardian Name

Phone _____ Phone _____

Parent Email: _____ Parent Email: _____

What grade are you in?

☐ 9

☐ 10

☐ 11

☐ 12

Are you a Maywood Resident?

☐ Yes

☐ No

If yes what is your Address?

_____

Briefly state reasons why you are interested in serving on this commission.

_____

_____

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What would be your goal(s) if selected to serve on this commission? (If you require more space please attach more to the back)

_____

_____

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_____

What is the biggest issue you feel youth face in Maywood or in your neighborhood? And how would you advise the Mayor and City Council to address this issue?

_____

_____

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_____

Please list and briefly describe your school and community activities (clubs, volunteer activities, athletics, and classes.

_____

_____

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_____

Participation Agreement:

In return for orientation, training, supervision, and evaluation of my volunteer efforts, I agree to (please initial):

_____ take my volunteer commitment seriously and work in a professional manner.

_____ keep my agreed upon schedule, which includes being punctual.

I certify that all statements on this application are true and complete. I understand that any false information or incomplete statements will subject me to disqualification or dismissal from any volunteer position with the City of Maywood.

_____ _____

Student Signature Date

If a minor (under 18 years of age), parent/guardian please complete the following:

I have read this notice and will allow my child to volunteer for the City of Maywood

_____ _____

Parent/Guardian Signature Date

(Please submit application to City Hall, 4319 E. Slauson Ave, Maywood, 90270, or email to claudia.zavala@cityofmaywood.org.)