



CITY OF LAWNDALE APPLICATION FOR APPOINTMENT TO THE YOUTH ADVISORY COMMITTEE

Applicant's name: _____ Daytime phone: _____
Parent/guardian's name: _____ Daytime phone: _____
Home address: _____ City: _____ Zip: _____
E-mail address: _____ Are you 18 years of age or less? Yes No
School: _____ Grade in school: _____

Do you wish to mention any school activities, community service, church, clubs, or scholastic involvements or achievements?

What special talents, hobbies or characteristics do you have that you can bring to the Youth Advisory Committee?

What do you think are the greatest needs of Lawndale youth today?

What qualities do you believe make a good role model for Lawndale youth?

State specifically why you wish to serve and why you believe you are qualified for the position. (Use additional paper, if necessary.)

References, such as teachers, principals, mentors, school counselors. (Use a separate sheet of paper for additional references.)

Name: _____ Relationship: _____ Daytime Phone: _____

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I hereby certify that this application is complete and true in all respects and understand that any falsification or omission may be cause for disqualification. I understand that references listed may be contacted and understand that information pertaining to my qualifications to serve on the Youth Advisory Committee may be verified. Additionally, I understand that the personal contact information provided on this application is considered confidential but that the remainder of the application may be considered a public record.

Applicant Signature: _____ **Date:** _____

I give permission for my son/daughter to serve as a member of the City of Lawndale Youth Advisory Committee. I understand that the personal contact information provided on this application is considered confidential but that the remainder of the application may be considered a public record.

Parent/Guardian Signature: _____ **Date:** _____

The City of Lawndale does not discriminate on the basis of race, color, religion, national origin, sex, age or handicap status in providing its services, programs, benefits and employment.

For information about the committee, call the Community Services Department (310) 973-3270

RETURN THIS FORM TO:

CITY CLERK, CITY OF LAWNDALE, 14717 BURIN AVENUE, LAWNDALE, CA. 90260