

**City of Alameda
Youth Advisory Commission
Supplemental Application**



APPLICANT NAME: _____ GENDER: _____

ADDRESS: _____ CITY: _____ ZIP: _____

BIRTHDAY: ___ / ___ / ___ AGE: _____ E-MAIL: _____

HOME PHONE: _____ CELL PHONE: _____

CURRENT SCHOOL: _____

Current Grade: 9th 10th 11th 12th OTHER: _____

Explain briefly why you are applying for this position: _____

Describe your previous community service experiences, if any? _____

Have you ever served as a member of any school clubs, community organizations, youth group, etc.? If so, please list:

What skills, experiences, and/or knowledge would you bring to the Youth Commission?



APPLICANT NAME (Continue): _____

Length of term is two (2) years

Meetings are held on the second Tuesday of each month, at City Hall Room 360, 5:00 PM

Can you commit to attending the monthly meeting? _____

Can you commit to sub committee meeting? _____

What do you hope to accomplish as a Youth Commissioner? _____

What issue(s) and/or policies would you like to see addressed by the Youth Commission?

Please submit your completed Application with at least one Adult (non-relative) Recommendation Form. Additional recommendations are welcome.

I, _____, hereby affirm that my answers are true and correct,

(PRINT NAME)

and that I have not knowingly withheld any fact or circumstance that would, if disclosed affect my application.

I authorize you to communicate with the attached references.

Signature: _____

Date: _____

Parent Signature: _____

Date: _____

(If applicant is under 18 year old)

Please submit completed application to City Clerk, City Hall, 2263 Santa Clara Avenue, Room 380.



City of Alameda Youth Advisory Commission Supplemental Application

APPLICANT NAME: _____

Recommendation for City of Alameda, Youth Advisory Commission

To **applicant**: Please ask an adult who you know well, to answer these brief questions about you. The adult can be a teacher or someone who has worked with you in a program from or outside of school. Please, do not ask a relative. Additional recommendations are welcome. You may duplicate this form for your recommendations.

To **ADULT/YOUTH (please circle one)**: The applicant is applying for the **City of Alameda, Youth Advisory Commission**, the focus of the Youth Advisory Commission is:

- To represent youth voice in Alameda city government.
- To act in an advisory capacity to the Mayor and Alameda City Council on matters pertaining to the youth population, as related to municipal programs and projects.
- To review and make recommendations about municipal matters referred to the Youth Commission by the Mayor, City Council, and other City of Alameda commissions.
- To make policy recommendations to the Mayor and City Council about issues of concern to Alameda youth.

Name: _____

Organization/School: _____

Phone Number: _____

E-Mail: _____

How do you know this person? _____

What will the applicant contribute to the **Youth Advisory Commission**?

Please rank the applicant on a scale from 1-5 (5 being the strongest), on the abilities in the following:

- _____ Dependability
- _____ Follow-through on task and commitments
- _____ Willingness to speak opinions in constructive manner
- _____ Dedication to improving school and community
- _____ Teamwork

Signature: _____

Date: _____

(Please return this recommendation along with your application form.)