



CITY OF SANTA FE SPRINGS YOUTH LEADERSHIP COMMITTEE APPLICATION

(Please type or use black ink)

NAME:
LAST FIRST MIDDLE

ADDRESS: AGE:

SCHOOL: PRESENT GRADE: ANTICIPATED GRADUATION DATE:

E-MAIL:

CONTACT NUMBERS: HOME No.: CELL No.:

EMERGENCY CONTACT: CONTACT NUMBER:

EMPLOYER'S NAME: POSITION:

EMPLOYER'S ADDRESS: PHONE:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
HOURS AVAILABLE FOR VOLUNTEER WORK:							

ARE YOU CURRENTLY A MEMBER OF ANY ORGANIZATIONS/CLUBS?

EXTRA CURRICULAR ACTIVITIES/SPORTS:

ARE YOU OR HAVE YOU IN THE PAST PARTICIPATED AS A CITY VOLUNTEER: Yes No
IF "YES" LIST BELOW:

WHY DO YOU WANT TO BE INVOLVED?

TALENTS/SKILLS OF LEADERSHIP:

WHAT IDEAS DO YOU HAVE FOR THE COMMITTEE?

REFERENCES/RECOMMENDATIONS: (MUST HAVE KNOWN CANDIDATE FOR A MINIMUM OF ONE (1) YEAR. NO FAMILY MEMBERS)

NAME	ADDRESS	TELEPHONE	OCCUPATION

INCLUDE A LETTER OF RECOMMENDATION FROM AN ADULT WHO IS NOT A FAMILY MEMBER AND HAS KNOWN YOU FOR AT LEAST ONE YEAR. THIS PERSON SHOULD BE ABLE TO ADDRESS YOUR LEADERSHIP POTENTIAL AND ABILITY TO MANAGE THE DEMANDS OF BOTH SCHOOL AND THE COMMITTEE.

SIGNATURES:

I HAVE READ AND UNDERSTAND THE TIME COMMITMENT REQUIRED FOR THE YOUTH LEADERSHIP COMMITTEE. I AM ABLE TO MAKE SUCH A COMMITMENT.

STUDENT SIGNATURE

DATE

PARENT/LEGAL GUARDIAN PERMISSION

I GIVE MY PERMISSION FOR _____ TO SEEK APPOINTMENT FOR THE POSITION OF REPRESENTATIVE OF THE YOUTH LEADERSHIP COMMITTEE.

PARENT/LEGAL GUARDIAN NAME (PRINT)

PARENT/LEGAL GUARDIAN SIGNATURE

DATE