



City of Elk Grove
Application for Appointment

Elk Grove Youth Commission

INSTRUCTIONS:

Provide all information requested; use ink; any attachments must be single sided on 8.5 x 11 paper. If you will be representing an organization, you must include a letter from the organization recommending you as their representative. **IMPORTANT: Any letter(s) of recommendation(s) must be made a part of this application and submitted together. Any letters supporting your application will not be accepted if it is received after your application is filed with the Office of the City Clerk.** For further information please call Carrie Baierlein at (916) 478-2200, cbaierlein@elkgrovecity.org.

Note: All information provided on this form is public record. Answer all questions and return completed application on or before the **DEADLINE of July 3, 2019** at 5:00 p.m. to: **Office of the City Clerk, 8401 Laguna Palms Way, Elk Grove, CA 95758**

Applicant Name: _____

Date of birth: _____

Home Address: _____

Street

City Zip Code

Mailing Address (If different than home address):

Telephone Number: _____

Email Address: _____

*City Council District in which you reside: _____

*Note: See page 5 of application for Council District Map; also available online at:

<http://www.elkgrovecity.org/council/district-map.asp>

Name and address of school you attend:

Are you an immediate family member of a City Council Member? (Please Circle)

Yes No

Members are required to attend meetings at least one time per month. If appointed, will you be able to attend meetings regularly and devote the time necessary to fulfill your duties as a member?

(Please Circle)

Yes No

Background Information: *(NOTE: You may attach a resume to your application.)*

Have you ever served on an advisory group?

(Please Circle)

Yes No

Please list experience, community activities or other qualifications that would be helpful to the City Council in evaluating your application:

Please state the reasons you would like to be a member of this commission:

What do you feel are the issues most greatly affecting youth in your area?

What youth related improvements do you recommend?

I DECLARE, UNDER PENALTY OF DISQUALIFICATION AND TERMINATION, THAT ALL STATEMENTS IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE:

Student Signature

Date

Signature of parent or guardian

Date

Please identify any specialized accommodations you will need for equal participation (e.g. hearing or sight impaired):

Please check ONE box only for the predominant (70%) racial/ethnic category with which you most closely identify with:

- White (Non Hispanic or Latino)** – All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.
- Black or African American (Non Hispanic or Latino)** - A person having origins in any of the black racial groups of Africa.
- Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- Asian (Non Hispanic or Latino)** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Native Hawaiian or Other Pacific Islander (Non Hispanic or Latino)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- American Indian or Alaska Native (Non Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
Tribal Affiliation _____
- Two or More Races (Non Hispanic or Latino)** - Persons who identify with two or more racial categories named above.
- Decline to answer**

Gender:

Male _____

Female _____

EXHIBIT A

City of Elk Grove

Council Member Residency District Map

Adopted July 13, 2011, Resolution No. 2011-142

