CITY OF CARSON
YOUTH COMMISSION
APPOINTMENT APPLICATION

APPOINTMENT REQUIREMENTS*:** ***Must be a resident of Carson and at least thirteen (13) but no more than eighteen (18) years of age at the time of the appointment.

APPLICANTS ARE REQUIRED TO SHOW PROPER IDENTIFICATION UPON SUBMISSION AND NOTIFY THE CITY CLERK'S OFFICE IMMEDIATELY OF ANY CHANGES, IF APPOINTED.

APPLICANT NAME	**ADDRESS** - Number, Street, Zip	**TELEPHONE NUMBER**
		Home: ( ) Emergency: ( ) E-mail: ( )

CURRENT STATUS

NAME OF SCHOOL: _____

CURRENT GPA: _____ GRADE: _____

BIRTHDATE: _____ AGE: _____

BACKGROUND INFORMATION

1. Describe your involvement in community activities through a local park, church, and/or school:

   _____

   _____

   _____

2. Are you now serving on a city commission? ☐ Yes ☐ No

   If yes, which commission? _____

   Have you previously served on a city commission? ☐ Yes ☐ No

   If yes, which commission? _____

3. Are you a paid employee of the City of Carson? ☐ Yes ☐ No

   If yes, give your position and work location _____

To ensure equal opportunity for all applicants, the City requests the following information:

RACE (Ethnic Background): _____

THE FOLLOWING ISSUES CONCERNING YOUTH NEED TO BE ADDRESSED:

_____

_____

_____

I BELIEVE I CAN MAKE A CONTRIBUTION TO MY CITY AS A YOUTH COMMISSIONER BECAUSE:

_____

_____

_____

I declare under penalty of perjury that the information furnished is true and correct to the best of my knowledge.

_____ Applicant Signature

_____ Date

Identification verified by _____