



CITY OF SANTA PAULA

YOUTH ADVISORY COMMITTEE APPLICATION

The City of Santa Paula is seeking interested youth individuals who reside within the Santa Paula Unified School District boundaries to join this newly formed advisory committee. This is a great opportunity for high school and college students (not older than 21 years of age), to learn about local government and make a difference within Santa Paula. The goals of the youth advisory committee are to:

- To encourage young residents to actively participate in their City government in a positive and productive manner.
- To provide a mechanism, which facilitates communication and a spirit of involvement by youth in City government.
- Provide a learning experience for youth members that is conducive to leadership growth.
- Prioritize two to four “youth related “issues and possible solutions which are presented bi-annually to City Council in December and May. These issue can serve as the springboard for students work projects for the incoming Commission in the next school year.

Name: _____ Date: _____

Street Address: _____ City: _____ Zip: _____

Home or Cell Phone: _____ Grade/Age: _____

Email Address: _____ School Attending: _____

Educational Background: _____

List any committee(s) on which you have served and year(s) of service:

Organizations to which you belong:

Briefly state why you wish to serve on the Youth Commission and what contributions you will bring. Please be specific (use additional paper if necessary):

I understand that any or all information on this form may be verified.

Signature: _____ Date: _____

Continue on Reverse

**A LETTER OF RECOMMENDATION FROM AN ADULT AUTHORITY FIGURE SUCH AS A TEACHER
COACH, COUNSELOR, OR COACH IS REQUIRED.**

Consent for students (Over 18 years of age)

I understand that services are being offered on a voluntary basis without anticipation of financial remuneration. I agree to assume all risks for injuries arising out of participation as a volunteer. I agree that the City of Santa Paula and all employees, agents, representatives, and sureties of the City shall NOT be responsible or liable for any injury, damage, loss or expense to me and/ or property, incurred while participating as a volunteer.

Student Signature: _____ Date: _____

Parental Consent (Under 18 years of age)

I hereby allow my son/ daughter to participate on the Santa Paula Youth Commission. I understand that services are being offered on a voluntary basis without anticipation of financial remuneration. I agree to assume all risks for injuries arising out of my son/daughter's participation as a volunteer. I agree that the City of Santa Paula and all employees, agents, representatives, and sureties of the City shall NOT be responsible or liable for any injury, damage, loss or expense to my son/ daughter and/ or property, incurred while participating as a volunteer.

Parent/ Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

Please return or mail the above application and letter of recommendation (from an adult authority figure such as a teacher, counselor or coach) to:

**City of Santa Paula,
Administration Department Attention:
City Clerk's Office,
970 Ventura Street, P.O. Box 569, Santa Paula, CA 93060 or
Call the Administration Department at (805) 933-4201 or the Community Services
Department at (805) 933-4226 Ext. 351**