



**City of Yucaipa  
34272 Yucaipa Boulevard  
Yucaipa, CA 92399  
(909) 790-7460**

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## **Youth Advisory Committee Packet**

### **APPLICATION**

The Yucaipa City Council is seeking young adults interested in contributing to the city by exploring city processes and learning to be effective spokespeople for the youth of Yucaipa. Meetings are held from 5pm - 6pm on the second and fourth Wednesday of each month, in the Community Meeting Room, at City Hall. If appointed, you will serve a two (2) year term. Applications must be fully completed to be reviewed by and considered. The application should be typed or clearly printed and filed with the City Clerk, located at City Hall. Applicants must be between the ages of 14 and 25 years and either attend school or live within the City of Yucaipa boundaries. Application is due to City Hall by 5:30 p.m. on Wednesday, September 30, 2020.

### **REQUIREMENTS**

**The following documents are required when turning in an application:**

1. Completed essay question
2. Completed Youth Advisory Committee Packet, including application questions
3. Resume (Recommended to seek a parent/guardian or teacher for assistance)
4. One Letter of Recommendation
5. Copy of school I.D., California I.D., or Driver's License (verification of age and boundary status)

### **ESSAY QUESTION**

(Please use additional sheets of paper to answer the essay)

- Why do you want to be on the Youth Advisory Committee? Given the opportunity to change/help with a youth-related issue, which issue would you choose? What approach would you take? Who would you work with to accomplish your goals pertaining to this issue?



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**APPLICANT INFORMATION**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

School Attending: \_\_\_\_\_ Current Grade Level: \_\_\_\_\_ GPA: \_\_\_\_\_

Parents'/Guardians' Names: \_\_\_\_\_ Phone number: \_\_\_\_\_

**QUESTIONS**

Currently, what do you feel are the biggest issues Yucaipa teens encounter?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name one person who has inspired you and list the qualities you admire about that person.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any extra-curricular activities in which you participate:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What can the Youth Advisory Committee do to improve local teen's quality of life?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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**RELEASE OF LIABILITY**

I hereby certify that all statements made in this application are true. I acknowledge that false statements or misrepresentations on this application will be cause for refusal of placement or immediate dismissal at any time during my appointment. I know of no physical limitations, which would preclude my accepting this position. I understand this is a non-paid position with no promise, expressed or implied, of consideration for future employment.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

SPECIAL NOTE: Members of the City of Yucaipa Youth Advisory Committee are required to serve a two (2) year term and attend two (2) meetings per month. There will be one local field trip required, with the option of attending more, if desired. Youth Advisory Committee members are responsible for providing their own transportation to and from meetings.

The Youth Advisory Committee shall be empowered to establish and maintain responsibilities consistent with City of Yucaipa Municipal Code and all other ordinances and regulations of the City of Yucaipa and with the laws of the State of California, consistent with the following general purpose:

**To develop leadership skills and promote community involvement, with, for, and by youth; to encourage them to initiate and review proposals for programs, projects, and facilities as they pertain to youth; promote youth involvement in community events, programs, or volunteer projects through public education, the schools, and community organizations; and act in an advisory capacity to the City Council in all other policy matters pertaining to youth. Participants will increase their understanding of city government with the goal of learning to be effective advocates for youth-oriented issues.**

**If under 18, a parent/guardian must sign for you to participate:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If under 18, a parent/guardian must answer the following:**

I give the City of Yucaipa, permission to photograph my child while participating in Youth Advisory Committee meetings and activities.

**Please Circle, Sign and Date:**

**YES NO Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Applications may be mailed or hand delivered to:  
City of Yucaipa  
Attention: Sarah Martinez, Community Services Supervisor  
34272 Yucaipa Boulevard  
Yucaipa, CA 92399**