



**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 City Hall Community Meeting Room. Please complete this application in full. The application should be typed or clearly printed and filed with the City Clerk. Applicant must be between the age of 15 and 25 years and attend school or live within City of Yucaipa boundaries. Applications are due by Monday, June 19, 2017. The Committee is a two-year commitment.

### **REQUIREMENTS**

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

1. Completed essay question
2. Completed application
3. Resume (Ask a parent/guardian or teacher for help)
4. One Letter of Recommendation

### **ESSAY QUESTION**

(Please use an additional sheet of paper to answer the essay)

- Why do you want a position on the Youth Advisory Council? 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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### **APPLICATION INFORMATION**

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

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

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

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

Parent/Guardian: \_\_\_\_\_ Contact Number: \_\_\_\_\_

### **QUESTIONS**

What do you feel are the biggest issues facing youth in the City of Yucaipa?

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

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

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How many meetings do you feel a member of the Youth Advisory Committee should be able to miss during the two year term? (Please check the box with your answer)

NONE

ONE

TWO

THREE



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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-year term and attend two 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 Council 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 years, a parent must sign for you to participate: \_\_\_\_\_ Date: \_\_\_\_\_

**If under 18 years, a parent must answer the following question.** 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      Sign: \_\_\_\_\_ Date: \_\_\_\_\_**

**Applications can be mailed or hand delivered to:**

**Attention:  
Megan Wolfe  
City of Yucaipa  
34272 Yucaipa Boulevard  
Yucaipa, CA 92399**