Youth Application Instructions:

Use this form to apply to serve on any of the City of Sebastopol's Boards, Committees or Commissions.

Please complete the entire form and either print and mail it to the address above or email your completed application to mgourley@cityofsebastopol.org. If a question does not apply, please note as not applicable. Please deliver completed form, by the date and time due to the City Clerk. All applications will be reviewed by the City Council. Interviews may be required by City Council. If appointed, you have a choice whether you wish to have your contact information visible to the public; however, your information may be made public upon request by (a) member(s) of the public.

Board, Commission, or Committee being applied for? _____

Name: _____ Age _____

Home Address, City, State and Zip Code:

_____

_____

Phone Number: _____

If appointed, do you want this number to be visible to the public? □Y es □No □I am a minor (your phone number will not be made public)

E-Mail Address: _____

If appointed, do you want this address to be visible to the public? □Y es □No □I am a minor (your email will not be made public)

Do you live in Sebastopol? □Yes □No

Do you go to school in Sebastopol? □Yes □No

Have you attended a meeting of this body? When?

_____

Can you make a one-year commitment to participating on this board/commission/committee? □Yes □No

Have you served on, interviewed for, or applied for this body previously? □Yes □No

If so, when? _____

Do you have a job? □Yes □No

If yes, who is your present employer:_____

Job Title:_____

Please list school clubs and/or civic or charitable organizations to which you belong or have belonged:

Describe the activities you have helped organize or taken part in through these groups or organizations.

What special interests, skills and talents would you bring to this board, commission, or committee?

Please list any educational programs or courses you have taken that relate to the work of this board/commission/committee

Have you previously served on any governmental bodies? If so, please list position held and dates:

Please state why you would like to become a member of this board, commission or committee:

To your knowledge, are you associated with any organization/employment that might be deemed a conflict of interest in performing your duties if appointed to this position?

□No

□Yes. If yes, please state name of organization/employment:_____

Are there particular issues you think the board/committee/commission should concentrate on?

What exciting possibilities do you see for Sebastopol as a community in the future and how might this board/commission/committee help us get there?

Is there any other information that you feel would be useful to the City Council in reviewing your application and materials provided with the application?

I certify that I have thoroughly read and understand all material in this application.

Applicant's Signature :_____

Applicant's Name (PLEASE PRINT): _____
Date:_____

Parental Consent: (If applicable)
If applicant is under age 18, parent/guardian must complete the following:

 As parent/guardian of this minor, I have reviewed the volunteer application form and give my consent for (name): _____ , (age) _____: To participate in this volunteer committee/commission/board.

Signature of Parent:_____Date:_____