



# City of Stanton Youth Committee 2015-16 Application

## Applicant Information

<b>Name</b>	
<b>Street Address</b>	
<b>City and Zip Code</b>	
<b>Phone Number</b>	
<b>E-Mail Address</b>	
<b>Parent/Guardian</b>	
<b>Emergency Contact &amp; Phone</b>	
<b>School</b>	
<b>Grade</b>	
<b>Date of Birth</b>	

## Your Interest

Please give a brief statement as to why you are interested in serving on the Youth Committee and describe how your qualifications and skills would benefit the community:

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Briefly list your extracurricular activities, hobbies, volunteer experience, and/or interests:

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## Applicant Acknowledgement:

I have read the application and understand the time commitment and responsibilities involved with serving as a Stanton Youth Committee Member. I also understand I must attend all Committee meetings, activities and programs unless excused by the Chair of the Stanton Youth Committee or City Staff. I declare that all statements contained in this application are true and that any misrepresentation or omission may result in rejection of my application or removal from the Stanton Youth Committee. I hereby acknowledge that I have read and understand the above statements.

Applicant Signature: \_\_\_\_\_

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

## Parental Consent (Required if Applicant is under 18 years of age):

I understand the time commitment involved with serving as a Stanton Youth Committee member and I consent to my daughter/son's participation on the Stanton Youth Committee. I give my consent for my child to be photographed, videotaped, or recorded by any means, by the City of Stanton, or by the City's employees or agents, in connection with her/his participation on the Stanton Youth Committee. I further consent to the use of my child's name, photograph, video, audio, or other recordings made in connection with my child's participation on the Stanton Youth Committee for promotional purposes, which includes posting on the City's website, or on City flyers, publications and other City promotional documents.

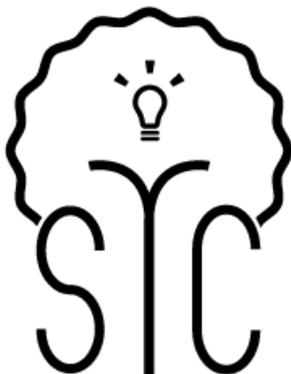
Parent/Legal Guardian Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Submitting Your Application

Email [zbobadilla@ci.stanton.ca.us](mailto:zbobadilla@ci.stanton.ca.us)

Mail/In Person  
Zenia Bobadilla  
Stanton Youth Committee  
7800 Katella Avenue  
Stanton, CA 90680



# Stanton Youth Committee