



CITY OF ARCADIA

Youth Advisory Council

Office of the City Clerk
240 W. Huntington Drive
Arcadia, CA 91007
(626) 574-5410

Date of Application _____

Name _____

Last

First

Middle

Address _____ City _____ Zip Code _____

Home Phone _____ Cell Phone _____

E-mail address _____

Name of School _____

Grade in School: 6th ____ 7th ____ 8th ____ 9th ____ 10th ____ 11th ____ 12th ____

Parent/Guardian Name: _____

Address _____ City _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

Please list any current or previous extracurricular, service project, volunteer experiences or leadership roles you have had in your school or community: _____

What do you see as the objectives and goals of the Youth Advisory Council for which you are applying?

Briefly explain why you would like to participate in the Youth Advisory Council: _____

Write a statement describing your feelings on current opportunities for youth involvement in Arcadia:

What other issues are important to you: _____

If you are selected, you may be expected to reach out to your peers in this community. Please describe some ways you plan to engage your peers:

What interests you about local government and interacting with the Mayor and City Council? _____

For the Applicant: I understand that if I am selected as a member of the City of Arcadia's Youth Advisory Council, I will be committed to attend quarterly meetings, assist with special projects, and be an active participant in other Youth Advisory Council activities throughout the year. I understand the term of the Youth Advisory Council is a period of two years. I will be a positive representative for the City of Arcadia

Applicant Signature

Date

Parent Signature

Date

Please return to the City Clerk's Office at Arcadia City Hall, 240 W. Huntington Drive, Arcadia 91007