

CITY OF PEORIA, AZ

YOUTH ADVISORY BOARD APPLICATION



Please return completed application to:
City Clerk's Office, 8401 West Monroe Street, Peoria, AZ 85345
Email: cityclerk@peoriaaz.gov. Fax 623-773-7304.

_____ DISTRICT _____
LAST NAME FIRST NAME

_____ CITY STATE ZIP
RESIDENCE ADDRESS

_____ CELL PHONE NUMBER
HOME PHONE NUMBER

_____ E-MAIL ADDRESS

_____ ANTICIPATED GRADUATION DATE
SCHOOL GRADE

**PLEASE NOTE THAT CONTACT INFORMATION LISTED ON THIS FORM WILL BE SHARED WITH CITY COUNCIL AND STAFF FOR OFFICIAL BUSINESS.
PARENT CONTACT INFORMATION CAN BE LISTED IN PLACE OF YOUTH'S CONTACT INFORMATION.**

VOLUNTEER TIME

If appointed, how much time are you able to devote to the Youth Advisory Board? (give number of hours)

Hours Per Week _____ Hours Per Month _____

ATTENDANCE

YOUTH ADVISORY BOARD MEMBERS ARE EXPECTED TO ATTEND ALL MEETINGS UNLESS OTHERWISE EXCUSED. APPLICANTS ARE ENCOURAGED TO REVIEW YOUTH ADVISORY BOARD INFORMATION, INCLUDING MEETING DATES AND TIMES, TO ENSURE ATTENDANCE REQUIREMENTS CAN BE MET. FOR ADDITIONAL INFORMATION ON THE YOUTH ADVISORY BOARD, VISIT THE CITY'S WEBSITE AT WWW.PEORIAAZ.GOV.

PEORIA RESIDENCY

PEORIA RESIDENCY IS A REQUIREMENT FOR MOST CITY OF PEORIA BOARDS AND COMMISSIONS.

I AM A RESIDENT OF THE CITY OF PEORIA. YES. IF YES, FOR HOW MANY YEARS _____? NO

WHAT QUALITIES WOULD YOU BRING AS A YOUTH ADVISORY BOARD MEMBER?

WHY ARE YOU INTERESTED IN SERVING ON THE YOUTH ADVISORY BOARD?

LIST ANY CIVIC AND COMMUNITY ACTIVITIES YOU HAVE BEEN INVOLVED IN:

LIST ANY EXTRA CURRICULAR ACTIVITIES, HOBBIES, AND OTHER INTERESTS THAT ARE APPLICABLE TO AN APPOINTMENT ON THE YOUTH ADVISORY BOARD:

LIST ANY PREVIOUS BOARD, COMMISSION, OR COMMITTEE EXPERIENCE:

SIGNATURE _____

DATE _____

PARENTAL PERMISSION FORM

I grant permission for my child, named above, to participate in the YOUTH ADVISORY BOARD AND RELATED ACTIVITIES. I/we hereby release and forever discharge the Mayor and Council of the City of Peoria, Maricopa County, Arizona, a municipal corporation, and any and all other person, firms, or corporations who are or might be liable, from any and all claims of any kind or character which I/we have or may have against it or them, including transportation to or from any portion of this program, and in that regard, I/we covenant to indemnify and hold harmless the foregoing from any loss or damages, including reasonable attorneys fees which may be by them incurred I the event of any such claims are asserted against them or any of them. I/we additionally permit the free use of my child's name and picture in broadcasts, newspapers, etc.

SIGNATURE _____

DATE _____

THANK YOU FOR YOUR INTEREST IN SERVING ON THE YOUTH ADVISORY BOARD.

APPLICATIONS ARE KEPT ON FILE IN THE CITY CLERK'S OFFICE FOR TWO YEARS FROM THE ABOVE APPLICATION DATE. QUESTIONS REGARDING THE YOUTH ADVISORY BOARD APPLICATION PROCESS CAN BE FORWARDED TO THE CITY CLERK'S OFFICE AT (623) 773-7340 OR CITYCLERK@PEORIAAZ.GOV.