



CITY OF PEORIA
YOUTH ADVISORY BOARD
APPLICATION

_____ SCHOOL _____ GRADE _____

NAME Last First

ADDRESS ZIP COUNCIL DISTRICT

HOME PHONE NUMBER EMPLOYMENT & PHONE # (if any)
_____ AM/PM

BEST TIME TO CALL FAX NUMBER E-MAIL ADDRESS (if any)

PART I

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

Hours per week Γ Hours per month Γ

This Board typically requires approximately 8 to 10 hours a month.

II. Best meeting days/times: T all that apply (*Please indicate times available*)

Monday Tuesday Wednesday Thursday Friday
Afternoons Evenings Either

Meetings will be held from 6:30 to 8:00 P.M. on the second Tuesday of every month.

III. How long have you lived in Peoria? _____ Years _____ Months

1. **Please tell us why you wish to be appointed to the Youth Advisory Board.**

2. **A.) What volunteer activities have you been involved in or are you currently involved in?**

(Please continue)

City of Peoria, Arizona
Boards & Commissions Application

B.) What extra curricular activities, hobbies, and other interests do you enjoy?

3. Give any qualifications, education or experience you have which may pertain to the Youth Advisory Board

4. Have you served in a leadership capacity and if so, what were your duties and how long was the commitment?

5. Have you ever served on a Committee? If yes, provide details.

(Please continue)

City of Peoria, Arizona
Boards & Commissions Application

Additional Comments:

Signature

Date

Please complete this application and return to:

City of Peoria
Office of the City Clerk
8401 West Monroe Street
Peoria, AZ 85345

Permission Form: ***To be filled out by applicant's parent(s) or legal guardian.***

I grant permission for my child, named above, to participate in the YOUTH ADVISORY BOARD & 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 in 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.

Please

Print

Name:

Sign:

Office of the City Clerk
8401 W. Monroe St.
Peoria, AZ 85345

TO:

Application Form for Youth Advisory Board

FOR OFFICE USE ONLY	
Board/Commission	
New Appointment_____Underfilling Term_____Name of Member Replaced	
_Date Appointed_____Term Expiration_____Resolution #	
Date Re-appointed_____Term Expiration_____Resolution #	
Date of Resignation_____ (If applicable)	

Board/Commission	
_____New Appointment_____Underfilling Term_____Name of Member Replaced	
_____Date Appointed_____Term Expiration_____Resolution #	
Date Re-appointed_____Term Expiration_____Resolution #	
Date of Resignation_____ (If applicable)	

FROM: _____

TO: Office of the City Clerk
8401 W. Monroe St.
Peoria, AZ 85345

Youth Advisory Board Application