

DATE RECEIVED:

City of Paso Robles
**APPLICATION FOR APPOINTMENT
TO A CITY ADVISORY BODY/COMMITTEE/COMMISSION**

Name of Advisory Body: YOUTH COMMISSION **GRADE ENTERING INTO:** _____

Name of Applicant: _____
First Name Middle Initial Last Name

Street Address: _____ City: _____ Zip: _____

Mailing Address: _____
(if different from home) PO Box number City State Zip

Home Phone: () Cell Phone: () E-mail: _____

Employer (if applicable) _____

Work Phone: () Work Fax: () E-mail: _____

E D U C A T I O N A N D T R A I N I N G

High School _____
Name City State

College _____
Name City State

Other Schools/ Training _____

MEMBERSHIP IN ORGANIZATIONS: _____

ADVISORY BODY/COMMITTEE/COMMISSION APPOINTMENTS

Current _____ From _____ To _____

Previous _____ From _____ To _____

Previous _____ From _____ To _____

ADDITIONAL INFORMATION

Please provide any supplemental information to this application, including the specific reason you believe you should be appointed to this advisory body. _____

Date: _____

Signature _____

If appointed to a City committee, commission or other advisory body, I **DO NOT** authorize the City to post my contact information on its website or to release such information to a third party who may post the information their website. The City may, however, disclose on the Internet and in all other appropriate places that I serve on a City committee, commission or other advisory body.