



City of Rocklin

Parks, Recreation, and Arts Commission

YOUTH Commissioner Application

***Must be at least 16 years of age (at time of application submission) and will be enrolled as a Junior or Senior for the Fall of 2023 (One-year term – Expires 6/30/2024)**

Please print or type answers to all questions.

Applicant Name: _____
Last First M.I.

Current Residence: _____
Street City State Zip

Email Address: _____

Preferred Contact Phone Number(s): _____

1. Are you at least 16 years of age (at time of application submission) and will be enrolled as either a Junior or Senior for the Fall of 2023? ☐ Yes ☐ No

How long have you lived in Rocklin? _____

Current school attending: _____

Expected graduation date: _____

REFERENCES: Provide name and contact information for two (2) people who can comment on your qualifications. These individuals may be teachers, a counselor, or a community leader with whom you have worked.

1.) _____

2.) _____

Current School and Community Service Activities:

Applicant Name _____

Why are you interested in serving on the Parks, Recreation, and Arts Commission?

I give permission for my son/daughter to serve as a youth representative on a City of Rocklin board, commission, or committee. I understand there will be occasional evening meetings.

SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE

IMPORTANT NOTICES – READ BEFORE SIGNING:

All information provided on this request for appointment becomes a public record after it is officially filed. This document may be published to the City website with the interview materials. Personal contact information will be redacted.

Pursuant to the Americans with Disabilities Act (ADA), the City of Rocklin will make reasonable efforts to accommodate persons with qualified disabilities during the boards and commission interview process. Should you require special accommodations, please contact the City Clerk's Office at 916.625.5560 at least five days in advance of your scheduled interview.

I certify under penalty of perjury that all statements I have made on this request for appointment are true and correct. I hereby authorize the City of Rocklin to investigate the accuracy of this information from any person or organization, and I release the City of Rocklin and all persons and organizations from all claims and liabilities arising from such investigation or the supplying of information for such investigation. I acknowledge that any false statement or misrepresentation on this request for reappointment or supplementary materials will be cause for refusal of appointment or immediate dismissal at any time during the period of my appointment.

Signature of Applicant _____ Date _____

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By checking this box, I acknowledge application of my electronic signature.

Please return to: City Clerk's Office, 3970 Rocklin Road, Rocklin, CA 95677
or email to CityClerk@rocklin.ca.us

APPLICATION DEADLINE is Friday, June 23rd, 2023 at 5:00pm.