

## **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 2022 (One-year term – Expires 6/30/2023)

## Please print or type answers to all questions.

Applicant Name:				
	Last	First		M.I.
Current Residence: _	Street	City	State	Zip
Email Address: _	Street	•		•
Preferred Contact Ph	none Number(s):			
	6 years of age (at time of application subrication Sub	nission) and will be enrolled	l as either a Ju	unior or
How long have you l	ived in Rocklin?			
Current school atten	ding:			
Expected graduation	date:			
These individuals ma  1.)  2.)	vide name and contact information for two ay be teachers, a counselor, or a communi d Community Service Activities:	ty leader with whom you ha	ave worked.	_

Why are you interested in serving on the Parks, Recreation, a	nd Arts Commission?			
I give permission for my son/daughter to serve as a youth represent or committee. I understand there will be occasional evening meeting				
SIGNATURE OF PARENT OR LEGAL GUARDIAN	DATE			
IMPORTANT NOTICES – READ BEFORE SIGNING: All information provided on this request for appointment becomes a public republished to the City website with the interview materials. Personal contains	· · · · · · · · · · · · · · · · · · ·			
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 you scheduled interview.				
I certify under penalty of perjury that all statements I have made on this requester hereby authorize the City of Rocklin to investigate the accuracy of this inform release the City of Rocklin and all persons and organizations from all claims a supplying of information for such investigation. I acknowledge that any false reappointment or supplementary materials will be cause for refusal of appoint the period of my appointment.	ation from any person or organization, and I nd liabilities arising from such investigation or the statement or misrepresentation on this request for			
Signature of Applicant	Date			
By checking this box, I acknowledge application o	of my electronic signature.			

Applicant Name \_\_\_\_\_

Please return to: City Clerk's Office, 3970 Rocklin Road, Rocklin, CA 95677 or email to <a href="mailto:CityClerk@rocklin.ca.us">CityClerk@rocklin.ca.us</a>

**APPLICATION DEADLINE** is Friday, May 13<sup>th</sup>, 2022 at 5:00pm.