

## **City of Rocklin Parks and Recreation 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 2025 (One-year term – Expires 6/30/2026)

\*Please note interviews are tentatively scheduled for the last week of May. Please print or type answers to all questions.

Applicant Name:	Last	First		
	Last	FILSU		M.T.
Current Residence:	Street	City	State	Zip
Email Address:		-		-
Preferred Contact Phone N	lumber(s):			
1. Are you at least 16 year Senior for the Fall of 2025	rs of age (at time of application subm ? O <u>Yes</u> O <u>No</u>	ission) and will be enrolled	as either a Ju	unior or
How long have you lived ir	N Rocklin?			
Current school attending:				
Expected graduation date:				
	ame and contact information for two eachers, a counselor, or a community			ualifications.
1.)				_
2.)				_
Current School and Con	nmunity Service Activities:			

	Why	v are v	ou interes	ted in servin	<b>a on the Pa</b>	rks and Recre	ation Commission?
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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

## **IMPORTANT NOTICES – READ BEFORE SIGNING:**

All information provided on this application 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 you scheduled interview.

I certify under penalty of perjury that all statements I have made on this application 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 application 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 \_\_\_\_\_

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 <u>CityClerk@rocklin.ca.us</u>

**APPLICATION DEADLINE is Monday, May 19th**, 2025 at 5:00pm.

DATE

Date