



**CITY OF MODESTO YOUTH COMMISSION
AND ADVISORY BOARD
APPLICATION**

Please Print Legibly

Name _____ Grade _____

Address _____ Phone _____

City _____ State _____ Zip Code _____

GPA _____ E-mail address _____

Date of Birth _____ Cell Phone _____

I have access to transportation to attend monthly meetings at 4 p.m. at Tenth Street Place.

_____ Yes _____ No

Activities in which I am involved include:

If selected, I commit to attending all my meetings and serving diligently to represent _____ High School on the Youth Commission and Advisory Board. If I fail to do so, I may be replaced as a member.

Student signature

Parent approval signature

Fax: (209) 491-5929 Mail: Attention: Ruth-Helen King City of Modesto PRN P.O. Box 642 Modesto, CA 95353
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