

Application for Youth Commission Appointment 2016-2017
Deadline: Friday, September 16, 2016



City of Lancaster

ATTN: Joshua Thomas/Lauren Lopez

44933 Fern Avenue
Lancaster, CA 93534
(661)723-5850 FAX (661)723-5913
jthomas@cityoflancasterca.org

The Lancaster City Council thanks you for your interest in serving your community. To aid us in obtaining a clear understanding of your qualifications for the Youth Commission position, please complete this application thoroughly. All information on this application will remain confidential and will be solely used for the purposes of selecting participants. Youth Commission nominees must live within City limits and attend one of the following Lancaster high schools-Antelope Valley, Antelope Valley Christian, Bethel Christian, Desert Christian, Desert Winds, Eastside, Lancaster, Lancaster Baptist, Paraclete, Quartz Hill, or Soar. Please contact the City of Lancaster Parks, Recreation, and Arts Department at (661)723-6077 if you have any questions.

PERSONAL INFORMATION (please print):

Name: _____

Address: _____

Email address: _____

Home Phone: _____

Cell Phone: _____

Are any of your relatives employed by the City of Lancaster? ____ yes ____ no If yes, complete the following:

Name: _____

Relation: _____

EDUCATION:

Circle your current grade 9 10 11 12

School you are currently attending: _____

School Activities:

Work Experience or Internships (paid or unpaid):

Honors and Awards:

Hobbies and Interests:

Education/Training Goals:

Career Goals:

Other:

IMPORTANT! READ CAREFULLY BEFORE SIGNING:

The facts set forth above in my application are true and complete. I understand that false statements on this application shall be considered sufficient cause for dismissal. I authorize the companies, school, or persons named above to give any information they may have regarding me whether or not it is in the records. I hereby release said companies, schools or persons from liability for any damage for issuing this information. I further understand that a criminal records check will be conducted by agents of the City of Lancaster.

SIGNATURE OF APPLICANT _____

DATE _____



ADMINISTRATOR NOMINATION FORM
(For school administrator)

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The Lancaster Youth Commission would like to thank you for participating in the process of choosing our 2015-2016 Youth Commissioners. In order to aid us in evaluating the achievements of your nominee, we ask that you please complete the form provided below. This form must be submitted with your student's application.

Please contact the City of Lancaster Parks, Recreation and Arts Department at 723-5850 if you have any questions. Nominees must be students at your school and reside within the city of Lancaster.

Nominee: _____ **Home Phone:** _____

Mailing Address: _____ **City:** _____ **Zip:** _____

School: _____ **Grade:** _____

Please write a brief paragraph stating why you are nominating your student.
(Please use additional paper if necessary.)

Nominated By: _____ **Title:** _____

Business of Organization (If applicable): _____

Return Applications/Nominations to:

Joshua Thomas

44933 Fern Ave.

Lancaster, Ca. 93534

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