

# YOUTH COMMISSIONER APPLICATION

Office of the City Clerk  
200 Civic Center Drive, Vista, CA 92084  
Phone: 760.643.5320 Fax: 760.639.6126  
Email: kvaldez@cityofvista.com

**Please note:** Under the Public Records Act, this completed application becomes a Public Record and must be disclosed upon request.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE (in **2019/20** School Year): \_\_\_\_\_

Is your school in the Vista Unified School District or located in the City of Vista? \_\_\_\_\_

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**I am interested in serving on the following Commissions (mark all that apply):**

- |   |   |
|---|---|
| _____ PUBLIC ARTS COMMISSION<br>Meets 1st Tuesday of Month at 6:15 pm       | _____ PLANNING COMMISSION<br>Meets 1st & 3rd Tuesdays of Month at 6:00 pm               |
| _____ PARKS & RECREATION COMMISSION<br>Meets 4th Monday of Month at 6:00 pm | _____ COMMUNITY SAFETY COMMISSION<br>Meets 2nd Thursday of every other Month at 5:30 pm |
| _____ YOUTH COMMISSION<br>Meets 3rd Wednesday of Month at 4:30              |   |

## QUALIFICATIONS AND SPECIAL INTERESTS

**Past Public Service and/or Employment History (if applicable):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other Qualifications & Special Interests:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date