



# Youth Application Form For Boards/Commissions/Councils



**NOTE: All information on this form becomes public information when submitted. Return to: Spokane Regional Youth Department, Room 609, 808 W. Spokane Falls Blvd., Spokane, WA 99201 or [chaseyouthcommission@spokanecity.org](mailto:chaseyouthcommission@spokanecity.org)**

Name of Board/Commission/Council: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

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

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

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

### Education

Grade (prior to June): \_\_\_\_\_ School: \_\_\_\_\_

### Employment History

**Present Employer**

**Position Held**

**Dates of  
Employment**

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### School Activities

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

### Community Service Experiences

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

### Skills and Special Interests

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

**Why do you want to serve on the board/commission/council for which you are applying?**

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**What other commitments will you have during the school year, and how will you manage to make your involvement on this board a priority?**

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**What else do you want to tell us about yourself that may not be evident from information already furnished on this application?**

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Your interest in this position and your community is greatly appreciated. Should we be unable to match your strengths and talents with the open position(s) on a board or commission, we strongly encourage you to consider participation on the Chase Youth Commission's Teen Advisory Council (TAC). TAC is open to all area middle and high school students interested in empowering youth in our community. TAC members with diverse backgrounds and a wide array of interests and talents work together throughout the school year to organize many of the Chase Youth Commission's most visible community events such as the Youth Issues Candidates' Forum, Chase Youth Awards, and BOBFest – Battle of the Bands.

**Would you like to receive additional information on the Teen Advisory Council?**

Yes\_\_\_\_\_ No\_\_\_\_\_

I understand that as a volunteer, I likely will be working together with adults and youth. As such, I am willing to submit my name for the Washington State Patrol Criminal History Check to ensure the safety of all involved.

Signature: \_\_\_\_\_ Date of Birth: \_\_\_\_\_