



1520 Hillside Boulevard • Colma, CA • 94014 • 650-985-5678

Youth Advisory Commission Application

(PLEASE PRINT CLEARLY)

CANDIDATE'S COMPLETE NAME: _____

BIRTH DATE (mm/dd/yy): _____ AGE: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE #: _____ MOBILE PHONE#: _____

*EMAIL: _____

***A professional email is required. Example: first.lastname@gmail.com. If you do not have a professional email, please make one before submitting this application**

PARENT INFORMATION

PARENT'S/GUARDIAN'S NAME: _____

PARENT'S/GUARDIAN'S CELL PHONE #: _____

PARENT'S/GUARDIAN'S WORK #: _____

PARENT'S/GUARDIAN'S EMAIL: _____

2017-2018 SCHOOL YEAR

SCHOOL: _____ GRADE: _____

APPLICANT: PLEASE ANSWER THE FOLLOWING QUESTIONS TO THE BEST OF YOUR ABILITY IN A 1-2 PAGE ESSAY AND SUBMIT TO THE COLMA COMMUNITY CENTER BY MONDAY, MAY 30, 2017.

1. WHY ARE YOU APPLYING TO BE A MEMBER OF THE YOUTH ADVISORY COMMISSION (YAC)?
2. WHAT DO YOU THINK ARE IMPORTANT QUALITIES A YAC MEMBER SHOULD POSSESS?
3. PLEASE TELL US WHAT STUDENT/COMMUNITY ACTIVITIES IN YOU ARE INVOLVED IN.
4. WHAT KIND OF TEEN PROGRAMS DO YOU WANT TO SEE IN COLMA?
5. IF YOU HAVE PARTICIPATED IN ANY TEEN ACTIVITIES PLEASE TELL US WHAT YOU HAVE PARTICIPATED IN AND WHAT LEVEL OF INVOLVEMENT.
6. WHAT WOULD YOU LIKE TO LEARN DURING YOUR TIME WITH YAC?
7. WHAT QUALITIES/SKILLS DO YOU HAVE TO CONTRIBUTE TO YAC?

By signing below you are willing to serve and make a commitment for a minimum of 1 year and attend the mandatory monthly meetings, Town functions, and other mandatory events.

SIGNATURE OF STUDENT: _____ DATE: _____

SIGNATURE OF PARENT: _____ DATE: _____

You will be contacted for an interview in early or mid-June.

If you have any questions please contact the YAC Advisor/Recreation Coordinator, Liz Tapia at 650-985-5691 or at liz.tapia@colma.ca.gov

Liability Release Waiver

In consideration of the acceptance of my application for entry into each above activity, I hereby waive, release and discharge any and all claims for damages for death, personal injury or property damage which I may have, or which hereafter accrue to me, against the Town of Colma as a result of my participation in the activity. This release is intended to discharge the Town of Colma, its officers, officials, employees and volunteers, any other involved municipalities or public agencies from and against any and all liability arising out of or connected in any way with my participation in the activity, even though that liability may arise out of the negligence or carelessness on the part of persons or Town of Colma. I further understand that accidents and injuries can arise out of the activity; knowing the risks, nevertheless, I hereby agree to assume those risks and to release and to hold harmless all of the persons or agencies mentioned above who (through negligence or carelessness) might otherwise be liable to me (or my heirs or assigns) for damages. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I am aware of the cancellation policy and the penalties involved for activities for which I have registered myself and family. I realize that while participating in any Town sponsored activities myself or a family member may be photographed and that photo may be used for a future Town of Colma publication, report, flier and/or advertisement.

Signature: _____ Date: _____

Parental Consent: I give my consent for my son/daughter _____ to participate in the above activity and I execute the above liability release on his/her behalf.