



# SACRAMENTO COUNTY YOUTH COMMISSION APPLICATION FOR APPOINTMENT

**Please submit your completed application to:  
Clerk of the Board of Supervisors  
700 H Street, Suite, 2450  
Sacramento, CA 95814-1298**

Mr. / Ms.: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Sacramento County Supervisorial District in which you reside: \_\_\_\_\_

This information is available from [www.saccounty.gov/supervisorlookup](http://www.saccounty.gov/supervisorlookup)

Why are you interested in applying for the Sacramento County Youth Commission?

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What skills you can bring to this commission?

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What are the main issues youth in Sacramento face today?

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*Office Use Only*

Seat # / Replaces: \_\_\_\_\_

Appointment Expires: \_\_\_\_\_

Term Expires: \_\_\_\_\_

What current or past volunteer, community, and/or work experience have you participated in?

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What are your educational and career goals?

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Please list all extracurricular activities (academic, athletic, political, religious, social, etc.) you are currently involved in and any you anticipate joining within the next year.

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If you have any other information or experiences you feel would be helpful to the Board of Supervisors in making this appointment please list them here:

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Please submit the following items *with your completed application* to the address below:

- **Two letters of recommendation** from your teachers and/or non-family members from your community or an organization who would recommend you for a seat on the Sacramento County Youth Commission
- **Parental and Photo, Video, Audio Consent Form** completed and signed by your parent or legal guardian

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# Sacramento County Youth Commission

## PARENTAL CONSENT FORM

The Sacramento County Youth Commission provides civic engagement and leadership development opportunities for Sacramento County youth. Participation on the Youth Commission requires attendance at monthly meetings and scheduled events as well as completion of individual assignments and projects.

I (full name of parent or legal guardian), \_\_\_\_\_, give my permission for (full name of child) \_\_\_\_\_ to participate in the Sacramento County Youth Commission.

Emergency Contact Person:

\_\_\_\_\_

Emergency Contact Phone Number:

\_\_\_\_\_

## PHOTO, VIDEO, AUDIO CONSENT FORM

I (full name of parent or legal guardian), \_\_\_\_\_, parent/guardian of (full name of child) \_\_\_\_\_ give my permission for my child to be photographed, filmed and audio recorded with the understanding that the photos or videos may be used on a website or print publications.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date