

HOLLISTER YOUTH COMMITTEE
Application

Name:	_____	Phone:	_____
Address:	_____	Cell Phone:	_____
	_____	Emergency Contact:	_____
Email:	_____	Relationship:	_____
School:	_____	Emergency Contact Phone:	_____
Date of Birth:	_____	Age:	_____

NOTE: The information you provide is done with the express understanding that it is public information and may be provided to the public when requested.

Community Service Experience including service in other Clubs, and/or Organizations

Clubs or Organizations: _____

Related Experience: _____

Why do you wish to be on the Youth Committee and what contributions can you make to the Youth Committee? (Attach additional sheet if necessary.)

Date: _____ Signature: _____

Attach resume if desired.

When completed please return to the City Clerk's Office at 375 Fifth Street.