



Recreation Division
3231 Main Street
Oakley, Ca 94561
925-625-7041

APPLICATION FOR OAKLEY YOUTH ADVISORY COUNCIL

APPLICANT INFORMATION

Date Submitted:

First & Last Name:

Phone Number:

Address:

City:

State:

Zip:

E-mail Address:

Date of Birth:

Name of School:

Current Grade:

EMERGENCY CONTACT INFORMATION

First & Last Name:

Phone Number:

Address:

City:

State:

Zip:

GENERAL QUESTIONS

Please list your involvement in any on-campus clubs, sports, or other extracurricular activities:

Please describe your involvement in any community events programs or service:

Please describe why you believe you should be appointed to the Oakley Youth Advisory Council?



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AVAILABILITY

Can you commit to attending 2 meetings a month on the 1st & 3rd Wednesday of each month?

Yes No

Are you able to commit to approximately 10 hours of volunteer service a month?

Yes No

REFERENCES

Name:

Phone Number:

Relationship:

Name:

Phone Number:

Relationship:

I certify that the information on this application is true to the best of my knowledge and belief, and understand that false statements and/or information shall be just cause for rejection of this application or subsequent discharge. This application must be completed and signed and dated by the applicant.

Participant Signature: _____ Date: _____

* Parent Signature: _____ Date: _____