



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 or off-campus extra-curriculars:

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

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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 1 meeting a month on the 1st 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: \_\_\_\_\_