Office of the City Clerk
One Twin Pines Lane
Belmont, CA 94002

YOUTH APPLICATION FOR PARKS AND RECREATION COMMISSION

Date: _____

NAME: _____
Last First Middle

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: Home _____ E-mail _____

How long have you lived in Belmont? _____ Date of Birth _____

School: _____

School Address: _____

Grade Level: _____

Educational Background:

Specific knowledge or skills applicable to position:

Have you ever served as a member of a Belmont Board, Commission or Task Force? Yes No

If yes, please specify which Board(s), Commission(s) and/or Task Force(s):

Name	*Length of Service*

How many Commission meetings have you attended? _____

Present and Previous Community or Civic Involvement:

Explain briefly why you are applying for this position:

What do you hope to accomplish?

I hereby affirm that my answers to the foregoing questions are true and correct and that I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably.

I authorize you to communicate with references and schools.

_____ _____

Signed *Date:*

Please mail or submit this application to the Belmont City Clerk's Office (must be RECEIVED by the stated deadline).

City Clerk
Belmont City Hall
One Twin Pines Lane, Suite 375
Belmont, CA 94002

PARENT / GUARDIAN CONSENT FORM
FOR
PARKS AND RECREATION YOUTH COMMISSION

I, _____ , am the parent or guardian of _____
(Print full name of parent or guardian) *(Print full name of Applicant)*

who is applying for a one year term on the Belmont Parks and Recreation Commission.

I AGREE WITH AND CONSENT TO THIS APPLICATION.

I understand that the Commission meets on the first Wednesday of every month at Belmont City Hall, One Twin Pines Lane. The meetings start at 7:30pm and usually end by 9:00pm (but may run as long as two hours). I understand that I am responsible for providing or arranging transportation to and from these Parks and Recreation meetings.

I understand that if _____ misses three consecutive regular
(Applicant's first name)

Commission meetings that his/her seat may be declared vacant.

_____ _____

Signature of Parent/Guardian Date

Applicant: Please submit this signed and dated form with your Commission application to the Belmont City Clerk's Office, One Twin Pines Lane, Suite 375, Belmont CA 94002.

Print Form