



**CITY OF KINGMAN
YOUTH ADVISORY COMMISSION
APPLICATION**

NOTICE: You must be present at the council meeting in order to be appointed. The City Clerk's Department will advise you of the meeting date that your appointment will be considered and will give you a courtesy reminder call if time permits. It is your responsibility to know when you are to attend the council meeting for your appointment.

Date of Application

Last Name

First Name

Address

Email Address

Home Phone

Cell Phone (optional)

Please indicate the school you will be attending as of July 1st

Kingman Academy of Learning High School Kingman High School North Campus

Please indicate the academic grade level you will be as of July 1st

Twelve Eleven Ten Nine

Please indicate your estimated cumulative grade point average (G.P.A.): _____

Please indicate the community where you live:

Kingman Golden Valley Valle Vista Other: _____

Please estimate the length of time you lived in the community: Years: _____ Months: _____

Can you commit to a term of one year (July 1 to June 30), an approximate ten hour per month obligation, to serve on the City of Kingman Youth Advisory Commission? Yes No

Please answer the following questions on an attached sheet of paper.

1. Please give general reasons why you would like to be on the Youth Advisory Commission.
2. List all extra curricular activities that you are currently involved with or have been involved with; include all service clubs, organizations, or panels (i.e., Student Council, Builder's Club, Key Club, Interact, Boy Scouts, your church groups, etc.) and describe your participation. If you have not participated in any extra curricular activity or organization, explain what interests you about the Youth Commission.
3. Describe any and all interests, recreational, performing arts, or other community youth related issues that you enjoy and encourage. Try to think of an example of something you might recommend the Kingman City Council to further review.
4. If necessary, give any other reasons or qualifications you have that have not been previously described that pertain to why you would like to participate on the Youth Advisory Commission.
5. Please provide a letter of recommendation from an adult not related to you.

Applicant Signature

Date Signed

Please return completed questions with the attached application and parental waiver to: Kingman City Complex, Office of the City Clerk, 310 North Fourth Street, Kingman, AZ, 86401