



**YOUTH ADVISORY BOARD
TO THE SARASOTA CITY COMMISSION
APPLICATION**

(please type or print clearly)

SCHOOL: _____ GRADE: _____ DATE: _____

NAME: _____ HOME PHONE: _____

HOME ADDRESS: _____ ZIP CODE: _____

HOW LONG HAVE YOU LIVED IN SARASOTA? _____

LIST COMMUNITY SERVICE INVOLVEMENT: _____

MEMBER OF THE FOLLOWING CIVIC AND EXTRA CURRICULAR ACTIVITIES:

WHY DO YOU THINK IT IS IMPORTANT FOR YOUTH TO HAVE A VOICE IN
THEIR COMMUNITIES? _____

WHAT QUALITIES DO YOU POSSESS THAT WOULD ALLOW YOU TO BENEFIT THIS BOARD?

WHAT ISSUES DO YOU FEEL SHOULD BE ADDRESSED BY THE YOUTH ADVISORY BOARD?

WHAT DO YOU HOPE TO ACCOMPLISH IF APPOINTED TO THIS BOARD?

I UNDERSTAND THAT IF APPOINTED, I WILL SERVE ON THE ABOVE BOARD WITHOUT COMPENSATION AND AT THE PLEASURE OF THE CITY COMMISSION.

APPLICANT'S SIGNATURE

Please send your completed application to:

**Office of the City Auditor and Clerk
City Hall, Room 110
1565 First Street • Sarasota, Florida 34236
Telephone No. (941) 954-4160**

Post Office Box 1058 • Sarasota, Florida 34230