



The City of South San Francisco

Office of the City Clerk
400 Grand Avenue
South San Francisco, CA 94080
(650) 877-8518

YOUTH COMMISSION APPLICATION

APPLICANT INFORMATION

Full Name: _____ Date of Birth: _____
Last First (MM/DD/YYYY)

Address: _____
Street Address District

City State ZIP Code

Telephone: _____ Email: _____

SCHOOL INFORMATION

Please Select Grade:	Please Select School:
9 th Grade Freshman	Baden High School
10 th Grade Sophomore	El Camino High School
11 th Grade Junior	South San Francisco High School
12 th Grade Senior	College: _____
Other: _____	Other: _____

SUPPLEMENTAL QUESTIONNAIRE

Why do you want to serve on the Youth Commission? Why do you believe the Youth Commission is important?



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SUPPLEMENTAL QUESTIONNAIRE

Please list school and community activities or service organizations in which you are involved in.

The Youth Commission addresses issues affecting youth and the community through making recommendations to City Council. Please explain what you believe is the biggest issue concerning youth in South San Francisco today.

Can you commit to attending 6:30 p.m. meetings on the first Monday of each month? YES NO

If no, please explain: _____



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DISCLAIMER AND SIGNATURE

Applicant
Signature: _____ Date: _____

Parent
Signature: _____ Date: _____

I certify that, to the best of my knowledge, all statements in this application are complete and true. I agree and understand that any mis-statement of material fact will cause me to forfeit all rights to appointment to a Commission, Board, or Committee with the City of South San Francisco.

Applications are accepted on a continuous basis and will remain valid 1 year from the date of submission.

OFFICIAL USE ONLY

Submission Date:	Received By:
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