Name*: ________________________________ Birth date*: ________________

Address: ___________________________________________ Grade*: ______

Phone number(s): __________________ email address: __________________

Please list your background, including community service within the City of Gilroy, and any prior experience with groups or organizations that would qualify you for this Commission:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Why would you like to be appointed to the Gilroy Youth Commission? ______________

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________________________________________________________________________

What do you feel is the biggest problem facing the youth of Gilroy? If you are appointed, what are the steps you will take to address this problem? ______________

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Reapplying Commissioners: What can you do to improve your previous performance on the Commission? ______________________________

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________________________________________________________________________
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________________________________________________________________________

* All Commission, Board and Committee applications are a public record

Mail or email your application to: Shawna Freels, City Clerk
City of Gilroy
7351 Rosanna Street, Gilroy, CA 95020
shawna.freels@ci.gilroy.ca.us

The City of Gilroy accepts applications at any time and will keep them on file for one year.