

3. List Up to Five Clubs, Organizations, or Sports Programs in Which You Have Participated During the Last Two Years.

Name of School Club/Organization/Sport	When Involved	Role in the Activity
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____

4. What Do You See as the Role of Youth in Our Community, And How Would You Like that to Change in the Future?

5. List Any Special Recognition or Honors for Academic, School, religious, or Community Related Activities You Have Received Over the Last Two Years.

6. What Are Your Career Goals?

7. Describe A Time When Your Actions Positively Affected a Person, Your School, or Your Community.

8. If You Could Change Anything About Your Community or School, What Would It Be And Why?

9. Why Do You Want to Serve On The City's Youth Advisory Board? (Please Be Specific)

10. Are You Willing to Attend Youth Advisory Boards Meetings as scheduled?

Yes: _____ No: _____

11. Please Provide Two References. Please See Pages 4 and 5 of this Application For Reference Information.

Reference #1	Reference #2
Name: _____	Name: _____
Address: _____	Address: _____
Daytime Phone: _____	Daytime Phone: _____

*The responses to these items are optional. The City is interested in providing for cultural diversity on its Advisory Boards and Committees, and seeks this information solely to further the City's goal.

PARENTAL/GUARDIAN CONSENT REQUIRED

I give permission for _____ to apply for the City of Pembroke Pines Youth Advisory Board (the "Board"). If selected, I will support them in attending meetings and functions related to the Board. I also understand and acknowledge that members of the Board are subject to Sec. 286.011, F.S. (the "Sunshine Law"), including the penalties set forth in that section, and that all applicants selected for the Youth Advisory Board will receive Sunshine Law training.

Signature of Parent or Guardian
Phone number: _____
Email: _____

Date

I understand that if I am selected as a member of the City of Pembroke Pines Youth Advisory Board, I will need to attend Youth Advisory Board Meetings as scheduled and participate in a manner that brings honor and respect to the citizens of Pembroke Pines.

I hereby certify that all statements made in this application are true and complete.

Applicant's Signature

Date

Reference #1
City of Pembroke Pine's Youth Advisory Board

When completed and filed with the City Clerk's Office, this Youth Advisory Board Application becomes a PUBLIC RECORD under Chapter 119, Florida Statutes, and, therefore, is open to public inspection by any person. Applications will be retained in accordance with State Records Retention Laws.

- Youth Advisory Board Applicant: Two references must be completed by non-relatives.
- Reference: Please include the following information about yourself so that we may contact you if necessary.

Youth Advisory Board Applicant's Name: _____

Reference's Name: _____

Address: _____

City, State, and Zip Code: _____

Home Phone: _____ Work Phone: _____

1. How long have you known the applicant? _____

2. What is your relationship to the applicant? _____

3. Is the applicant dependable? _____

4. Why would you recommend the application for this position?

Signature: _____ Date: _____

Reference #2
City of Pembroke Pine's Youth Advisory Board

When completed and filed with the City Clerk's Office, this Youth Advisory Board Application becomes a PUBLIC RECORD under Chapter 119, Florida Statutes, and, therefore, is open to public inspection by any person. Applications will be retained in accordance with State Records Retention Laws.

- Youth Advisory Board Applicant: Two references must be completed by non-relatives.
- Reference: Please include the following information about yourself so that we may contact you if necessary.

Youth Advisory Board Applicant's Name: _____

Reference's Name: _____

Address: _____

City, State, and Zip Code: _____

Home Phone: _____ Work Phone: _____

1. How long have you known the applicant? _____

2. What is your relationship to the applicant? _____

3. Is the applicant dependable? _____

4. Why would you recommend the application for this position?

Signature: _____ Date: _____