

CITY OF COACHELLA

YOUTH COMMISSION APPLICATION

NAME:			
Address:			
TELEPHONE:	E-MAIL	:	
WHAT HIGH SCHOOL DO Y	YOU ATTEND:	Your Age:	
	ent to the Commission you mu Members may only serve on	ust be a resident of the City of Coachella one commission/committee.	
from meetings of the Comm	ission, the City Council may d	ree (3) consecutive unexcused absence eclare the office of such member vacant	
PLEASE FURNISH BRIEF RI 1. Why do you think you sh	ESPONSES TO THE QUESTIONS	nere specifically in your background,	
2. What do you see as the gachieve these objectives		nmission? How would you help	

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3.	What special qualities can you bring to the Commission?			
4.	Do you have any questions or comments about the Commission's structure or functions?			
	Other comments and/or ideas as to how you as a member of the Coachella Youth Commission ould benefit the City of Coachella.			
Sig	nature Date			
	e: The term of a Commissioner is one year from August to June; mirroring the local school rict's school year.			
An Cit	ASE RETURN THIS COMPLETED APPLICATION TO: drea Carranza, Deputy City Clerk of Coachella			
53-462 Enterprise Way Coachella, CA 92236				

acarranza@coachella.org

(Updated 10-07-2021)