



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

*Please type or print clearly – Use additional sheets if necessary*

Name:	Date:
Address:	Home Phone:
City/State/Zip:	Cell Phone:
School:	Grade next September:
E-Mail:	Anticipated Graduation Date:

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.

I HEREBY ACKNOWLEDGE THAT IF APPOINTED I WILL BE ASSIGNED A CITY PROVIDED E-MAIL ACCOUNT. I UNDERSTAND AND ACCEPT THAT, IN ACCORDANCE WITH CITY POLICY AS STATED IN RESOLUTION NO. 10R-2187, ALL E-MAIL CORRESPONDENCE RELATED TO THE BUSINESS OF THE ADVISORY BOARD TO WHICH I AM APPOINTED MUST BE CONDUCTED ON A CITY ISSUED E-MAIL ACCOUNT.

---

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**  
**Fax No. (941) 954-4113**

**Post Office Box 1058 • Sarasota, Florida 34230**