

The space below is provided for any additional comments that you may wish to make about yourself and/or the position being sought:

How old are you today? _____ (If under 18 parent or guardian must sign below)

In case of emergency please contact:

Name: _____

Relationship: _____

Daytime Phone: (_____) _____ - _____ Evening Phone: (_____) _____ - _____

A letter of recommendation from a non-family member is required. This can be from a teacher, coach, community member, work supervisor etc.

Have you attached the required letter of recommendation from a non-family member: YES NO

Interviews will be no more than 25 minutes. If you are not selected at this time, we will keep your application on file for a one (1) year period for consideration should a board vacancy occur.

Signature of Applicant: _____ Date: ____ / ____ / ____

Parent/Guardian Name: _____ Date: ____ / ____ / ____

Please print clearly

Parent/Guardian Signature: _____

If under the age of 18

Submit applications

to the Pacifica Community Center~ Attn: YAB Advisor

540 Crespi Drive, Pacifica, CA 94044