2025-2026 Application for Youth Advisory Board (YAB)
City of Pacifica Parks, Beaches & Recreation Department

Today's Date:_____/_____/_____ **How long have you been a resident of Pacifica**?: _____

Full Name: _____
(Last) (First) (Middle)

Address:_____

Home Phone: (_____)_____-_____ **Cell Phone:** (_____)_____-_____**Gender:** _____

E-Mail:_____

School you attend:_____ **Entering Grade (25-26 school year):** 9 10 11 12

Please list any special interests/activities that you wish to bring to the attention of the Interview Committee:

_____

_____

_____

Please list any school activities, community/volunteer experience, or employment/internship experience:

_____

_____

_____

How did you learn about this opportunity with the Pacifica Youth Advisory Board?

_____

_____

_____

_____

The Pacifica Youth Advisory Board meetings are held every second and fourth Wednesday of each month from 6:00-7:00PM. Do you have any obligations that might affect your regular attendance at this meeting time? If yes, please explain?

_____

_____

_____

_____

_____

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

OR email application and letter of recommendation to Recreation Coordinator

Lexi Macario - lmacario@pacifica.gov