





2024~2025 Application for Youth Advisory Board (YAB) City of Pacifica Parks, Beaches & Recreation Department

Today's Date: / /	How long have you	u been a resident of Pa	acifica?:
Full Name: (Last)	(First)		(Middle)
Address:			
Home Phone: (Cell Phone: (Gender:
E-Mail:			
School you attend:		Entering Grade (24-25 school year):	9 10 11 12
Please list any special interests/activi Committee:	ties that you wish to brin	g to the attention of th	e Interview
Please list any school activities, comm	munity/volunteer experier	nce, or employment/in	ternship experience:
How did you learn about this opportu	nity with the Pacifica You	th Advisory Board?	
The Pacifica Youth Advisory Board month from 6:00-7:00PM. Do you hav meeting time? If yes, please explain?			_

The space below is provided for any additional comments that and/or the position being sought:	you may wish to make about yourself
How old are you today?(If under 18 parent or guardia	an 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 teacher, coach, community member, work supervisor etc.	required. This can be from a
Have you attached the required letter of recommendation from	a non-family member:
Interviews will be no more than 25 minutes. If you are not application on file for a one (1) year period for consideration s	· · · · · · · · · · · · · · · · · · ·
Signature of Applicant:	Date: / /
Parent/Guardian Name:	Date:/ /
Please print clearly	
Parent/Guardian Signature:	
If under the age of 18	

Submit applications to the <u>Pacifica Community Center- Attn: YAB Advisor</u> 540 Crespi Drive, Pacifica, CA 94044

OR email application and letter of recommendation to Recreation Coordinator Lexi Macario ~ lmacario@pacifica.gov