

# YOUTH COMMISSIONER APPLICATION

Office of the City Clerk  
200 Civic Center Drive, Vista, CA 92084  
Phone: 760.643.5320 Fax: 760.639.6152  
Email: kvaldez@cityofvista.com

**Please note:** Under the Public Records Act, this completed application becomes a Public Record and must be disclosed upon request.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

GRADE (in 2024/2025 school year): \_\_\_\_\_

Is your school in the Vista Unified School District or located in the City of Vista? \_\_\_\_\_

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**I am interested in serving on the following Commissions (mark all that apply):**

\_\_\_\_\_ PUBLIC ARTS COMMISSION  
Meets 1st Tuesday of Month at 5:45 pm

\_\_\_\_\_ PLANNING COMMISSION  
Meets 1st & 3rd Tuesdays of Month at 6:00 pm

\_\_\_\_\_ PARKS & RECREATION COMMISSION  
Meets 4th Monday of Month at 6:00 pm

\_\_\_\_\_ COMMUNITY SAFETY COMMISSION  
Meets 2nd Thursday of every other Month at 5:30 pm

\_\_\_\_\_ YOUTH COMMISSION  
Meets 3rd Wednesday of Month at 4:30

## QUALIFICATIONS AND SPECIAL INTERESTS

**Past Public Service and/or Employment History (if applicable):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other Qualifications & Special Interests:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date