

YOUTH COMMISSION APPLICATION

The City of Pomona Youth Commission is an advisory body to the Pomona City Council dedicated to promoting the youth voice in local government. The Youth Commission is comprised of seven (7) high school students who are driven to make our community the best possible place for youth.

Please type or print (in blue or black ink) your responses. If additional pages are needed to answer questions, please attach additional pages to this application. Applications must be submitted by e-mail, mail, or in person by Tuesday, April 30, 2024 to City of Pomona, Office of the City Clerk, 505 S. Garey Avenue, Pomona, CA 91766.

In which Council District do you reside?	(See r	nap)	
Applicant Name:	ate of Birth	າ:/	_/ Age:
Address:	City: _		
High School (2024/25)	Grad	de: (2024/2	
Applicant Phone Number:			
Applicant E-mail Address:			
How do you prefer to be contacted? (Please circle)	Text	Call	E-mail
Parent/Guardian Name:		_Phone: _	
Parent/Guardian E-mail:			
Why do you wish to serve on the City of Pomona	Youth Co	mmission'	?

What do and wha	you feel is the m t do you think the	ost significant iss e Youth Commiss	sue/challenge faci sion can do to ado	ing the youth of dress the issue/	Pomona today challenge?
Please li					
you feel school a	would qualify yo	scribe any classes ou to be a membe ctivities you are ir	of the Youth Co	mmission. Pleas	se also include
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If appointed, I understand I must attend monthly Youth Commission meetings and related trainings. I also understand this is an unpaid volunteer position. I declare that all statements contained in the application are true and that any misrepresentation or omission may result in rejection of my application or removal from the Youth Commission. I hereby acknowledge that I have read and understand the above statements.

Applicant Signature	Date			
I understand the commitment involved with the City of Pomona Youth Commission and approve of my son/daughter applying.				
Parent/Guardian Signature	Date			
Print Name				
Media Release City of Pomona requests permissio activities related to your child's Commission activit produced materials, including printed publications platforms. Your signature on the form will enable and promote Youth Commission successes on the City publications.	ies. City of Pomona uses photographs in City- , website posts, and official City social media City of Pomona to increase public awareness			
Parent/Guardian Signature	Date			
Print Name				
Hold Harmless Agreement The applicant and its defend (with legal counsel reasonably acceptable Pomona and any agency or instrumentally thereof, officers, employees, agents, volunteer, or contractlaims, actions, causes of action, proceedings, su and expenses of whatever nature, including rea (collectively "Claims") arising out of or in any vapprovals granted by the City related to the deverequired to enforce any conditions of approval, all of by the applicant.	e to the City) and hold harmless the City of and its elected or appointed officials, directors, ctors from and against any and all liabilities, lits, damages, judgement, liens, levies, costs, asonable attorney's fees and disbursements way relating to this event, any discretionary elopment of the project. If the City Attorney is			
Youth Mentoring Program The Youth Mentoring with a Youth Commissioner to help youth develop City functions and processes, find out about the rew and navigate civic engagement activities that would give my permission and approval for my child to p full knowledge of all inherent risks and hazards asshereby release, discharge, indemnify and hold hard or appointed officials, officers, directors, employees and all claims for damages due to personal injury of a result of his or her participation in this program. I any and all sponsors, volunteers, and staff of supplements any persons providing transportation to and	o knowledge, skills, and values to understand yards and challenges of being a City employee, I enrich Pomona's diverse community. I hereby articipate in the aforementioned program with sociated and incidental to said program and do mless the City of Pomona including its elected s, agents and volunteers from and against any or other damages that my child may sustain as I further waive any and all such claims against ervisors appointed by the City of Pomona, as			
Parent/Guardian Signature	Date			
D: (N				

Applications must be submitted by e-mail, mail, or in person by Tuesday, April 30, 2024 by 5:00 p.m.

E-mail: Please title your e-mail Youth Commission Application to cityclerk@pomonaca.gov.

Drop off: Mail to:

City of Pomona / Office of the City Clerk 505 S. Garey Avenue Pomona, CA 91766 ATTN: Office of the City Clerk City of Pomona P.O. Box 660 Pomona, CA 91769

If you have questions regarding the Youth Commission application, please call the Office of the City Clerk at (909) 620-2341 or you can e-mail your question to cityclerk@pomonaca.gov.

