Print Form

YORK COUNTY YOUTH COMMISSION
2008 - 2009 APPLICATION

www.yorkcounty.gov/youthcom OR www.ycyc.info

GENERAL INFORMATION:

NAME: _____ **HOME PHONE:** _____

HOME ADDRESS: _____ **ZIP CODE:** _____

SCHOOL ATTENDING NOW: _____

SCHOOL ATTENDING 2008-2009: _____

GRADE ENTERING SEPTEMBER, 2008: _____ **COUNTY VOTING DISTRICT #:** _____

CIVIC/SERVICE ORGANIZATION OR OTHER VOLUNTEER EXPERIENCE:

ESSAY QUESTION:

Please write an essay in response to this question: *"Why do you wish to be a member of the York County Youth Commission, and what would you hope to accomplish?"*
(Essay should be typed on 8 1/2" x 11" paper, double-spaced, minimum 250 words, and should bear your full name and signature. Attach essay to this completed application form and mail or deliver so that all items are **received by Wednesday, March 12**, 2008 at 5:00 p.m.)

LETTER OF RECOMMENDATION:

In addition to the two references below, please attach a letter of recommendation written by an adult who is familiar with your qualifications (not a parent or other relative). This should be typed, describing in 250 words or less why the author feels that you should be appointed to the Youth Commission. The letter must accompany this application and should include the author's full name, address, daytime and evening phone numbers, signature, and a brief description of his/her relationship with you, the applicant.

REFERENCES:

REFERENCE NAME	ADDRESS	PHONE

(Please complete both sides of this application)

COMMITMENT STATEMENT (Signed by Applicant and Parent/Guardian):
Appointment to the Youth Commission involves a commitment to consistent attendance at meetings and other activities. We have read the attached "Boards and Commission Information Sheet" regarding the purpose, structure, and meeting requirements of the York County Youth Commission, and are willing to accept and commit to those standards should the applicant be selected as a member of the Youth Commission.

STUDENT'S SIGNATURE: _____ DATE: _____

NAME OF PARENT OR GUARDIAN: _____

SIGNATURE OF PARENT OR GUARDIAN: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

Please mail this completed form, your essay, and the letter of recommendation to:

Youth Commission
c/o York County Parks and Recreation
P. O. Box 532
Yorktown, Virginia 23690

Applications may also be delivered to the York County Parks and Recreation Office, located in the Parks and Recreation Building, 100 County Drive, Grafton (off Goodwin Neck Road, approximately .8 of a mile from Route 17).

Applications must be received by 5:00 p.m. Wednesday, March 12, 2008.

Come to a meeting! Interested teens (and their parents) are invited to attend the Thursday, March 1, 2007 Youth Commission meeting at 6:00 p.m. in the first floor meeting room off the back entrance of the Public Safety Building, 301 Goodwin Neck Road (located in the York County Operations Center and accessed by turning off Goodwin Neck Rd. onto County Drive). Those who observe the meeting will have time afterwards for enjoying some refreshments and talking with this year's Commission members. Visitors may leave whenever they would like. Applicants are not required to attend this meeting.

Thank you for your interest in the Youth Commission!

Questions? Please call York County Parks & Recreation at 890-3500

(Please complete both sides of this application)

BOARDS AND COMMISSIONS INFORMATION SHEET

NAME : **YOUTH COMMISSION**

PURPOSE :

1. Serve as a liaison between the York County Board of Supervisors and the youth of York County, and represent the County through a variety of community service projects.
2. Serve as a forum for County youth to present their ideas, needs, and suggestions, and by doing so, increase community awareness of the Youth Commission and its activities.
3. Investigate needs, problems, and issues affecting York County youth through the use of surveys, studies, and forums.
4. Make recommendations regarding the addition, expansion, and discontinuation of programs provided to youth and by youth, and participate in their establishment and coordination when appropriate.
5. Increase members' knowledge of local government and provide opportunities for leadership skills development.

APPOINTED BY :	York County Board of Supervisors
NO. OF MEMBERS :	Up to 15 (3 appointed from each voting district)
NO. OF TERMS ABLE TO SERVE:	Unlimited
AT-LARGE/DISTRICT :	District - At-Large when required at discretion of York County Board of Supervisors
TEMPORARY/PERMANENT:	Permanent
LENGTH OF TERM	1 year
REGIONAL/YORK COMMITTEE:	York
AUTHORIZATION:	Resolution R83-79; R00-191
DATE ESTABLISHED :	March 3, 1983
MEETING DATE :	The full Commission meets once a month on dates to be determined by the Youth Commissioners. Subcommittees are also formed and members set these monthly meetings as well.
MEETING PLACE:	Public Safety Building
DAY/NIGHT MEETING :	Youth Commissioners will decide the time for their monthly meetings.
TIME REQUIRED BY MEMBER:	4 - 8 hours per month (excluding July; orientation takes place in August)
SPECIAL QUALIFICATIONS :	Student in grades 9 through 12; York County resident
OATH REQUIRED:	No
PAY FOR MEETINGS:	No
RATE	
REIMBURSABLE EXPENSES :	
STAFF LIAISON :	Rick Smethurst, Department of Community Services
TELEPHONE NO:	890-3503