



City of Cleveland Heights Youth Advisory Commission Application

Name: _____
(Last) (First) (M.I.)

Address: _____

E-mail Address: _____ Home Phone _____

Parent(s)/Legal guardian(s): _____

In case of emergency, notify: _____ Phone: _____

School: _____ Age: _____ Grade: _____

Please list your school and community activities (clubs, sports, volunteer/charities, etc.):

Do you have a job? Yes No Employer: _____ Hours/week: _____

Please list three school (a principal or teacher) or community references (non-family) with phone numbers.

1. _____ Phone: _____

2. _____ Phone: _____

3. _____ Phone: _____

*Note: References should be **an un-related adult** who knows you and can speak to your leadership potential and ability to manage the demands of both school and the Youth Advisory Commission.*

Essay: Please submit an essay in 250 words or less telling us, as a young person, why you would like to be involved as a member of the Cleveland Heights Youth Advisory Commission.

Student Signature Date _____

Parent/Legal Guardian Signature (if under age 18) Date _____

**Completed applications and essays should be mailed to: E-mail: dmarsky@clvhts.com
City Hall c/o Dee Marsky, 40 Severance Circle, Cleveland Heights, Ohio 44118**