"Delivering Excellence Every Day"

Miami-Dade County Youth Commission

Date: _____ **(For School Year 2014-2015)**

Full Name: _____

Date of Birth: _____ **Age:** _____ **Gender** _____

Mailing Address: _____

Home Number: _____ **Cell Number:** _____

E-mail Address: _____

School: _____ **Grade:** _____

Parent/Guardian Name: _____ **Cell Number:** _____

Please include your resume when submitting this application.

PLEASE CHECK APPROPRIATE INFORMATION LISTED BELOW

Race _____ **Position** _____

High School Grade Point Average: _____

I am interested in serving my community as a Youth Commission and, if selected, I will abide by all of the rules and regulations set forth by the Youth Commission, and the Miami-Dade Board of County Commission.

Student's Signature: _____ Date: _____

I support and give permission to my son/daughter to serve as a Miami-Dade County Youth Commissioner and will assist him/her in this endeavor.

Parent/Guardian Signature: _____

Emergency Contact Information:

Name: _____ Phone Number: _____

Work Number: _____ Email: _____

Office Use Only

Reset Form

Print Form