

# San Bernardino Youth Civic Engagement Council Application

## Applicant Information

Full Name: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

Grade as of 8/1/2023: \_\_\_\_\_ Cumulative GPA\*: \_\_\_\_\_

*\*Please attach your Unofficial Transcript(s) to this application*

## Short Essay Questions

1. How did you hear about the Youth Council?

2. What do you hope to accomplish by serving on the City of San Bernardino Youth Council?

3. What is the biggest issue you feel high school students in San Bernardino face? What are possible solutions that you would recommend to address the issue?

4. Which departments in the City are you interested in learning more about?

5. Are you available from 3:30 p.m. to 5:00 p.m. on the third Tuesday of the month from August 2023 to May 2024? If not, please let us know your availability below.

**Attachments**

The following attachments are required. Please note that your application will be considered incomplete if the following three attachments are not included:

1. Unofficial transcripts
2. Character reference(s) and/or letter(s) of recommendation
  - a. Provide two references, two letters of recommendation, or one of each. The City of San Bernardino should be able to contact the references listed, and the references should have firsthand knowledge of your character, personality, general ability, etc. Additionally, the references should not be related to you.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone/Email \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone/Email \_\_\_\_\_

**Disclaimer and Signature**

*\*Please note that applying does not guarantee a spot in the program.*

*By signing my name below, I certify that my answers are true and complete to the best of my knowledge. I am submitting my application to serve as a Youth Council member. I understand that, if selected as a Youth Council member, I will serve as a volunteer and at the pleasure of the Office of the City Manager. As a volunteer, I understand that I am not covered by the City's insurance policy and, further, that the City's liability does not encompass volunteers.*

*The following is an outline of important rules Youth Council members are expected to uphold while participating in the program.*

*The following is strictly prohibited:*

- |  |  |
|--|--|
| <ul style="list-style-type: none"><li>* Alcohol use</li><li>* Drug use</li><li>* Paraphernalia</li><li>* Tobacco products</li><li>* Possession of weapons</li><li>* Bullying</li></ul> | <ul style="list-style-type: none"><li>* Fighting</li><li>* Theft</li><li>* Disrespectful or defiant behavior</li><li>* Negativity</li><li>* Offensive or foul language</li><li>* Vandalism</li></ul> |
|--|--|

*If for any reason you violate any of the above listed rules, you may be asked to leave or be removed from the program.*

*By Signing below, I understand and agree with the terms listed above.*

\_\_\_\_\_  
Signature of Youth Council Candidate

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian (required if student is under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email of Parent/Guardian Email

\_\_\_\_\_  
Phone Number of Parent/Guardian

MAIL OR DELIVER TO:  
City of San Bernardino  
Attn: Office of the City Manager – Youth Council  
290 N “D” Street San Bernardino, CA 92401

EMAIL TO: [youthcouncil@sbcity.org](mailto:youthcouncil@sbcity.org)

APPLICATIONS ARE DUE BY MAY 2, 2023, AT 5 PM

