Boards and Commissions Youth Application

Name: _____
(First) (Middle) (Last Name)

Address: _____ Arlington, Texas _____
(Street) (Zip)

Current Resident: ☐ Yes ☐ No If yes, number of years:_____ Date of Birth: _____ Age:_____

Phone: _____ Fax:_____ E-mail: _____

School Attending: _____ Current Grade Level: _____

Anticipated Graduation Date: _____

Board of Choice:

Choose Only One ☐ Library Board ☐ Park and Recreation Board ☐ Teen Court Advisory Board

WHY DO YOU FEEL YOU QUALIFY TO SIT ON THIS BOARD?

(Print or type clearly – Do not limit your response to the space provided)

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(over)

OTHER PERTINENT INFORMATION:
(Civic, school, church activities, recognitions, hobbies, sports, special interests, etc.)

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Signature of Applicant: _____ Date: _____

Signature of Parent: _____ Date: _____

ELIGIBILITY REQUIREMENTS: City of Arlington resident. Information submitted is public information under the Texas Public Information Act. Public deliberation and selection of applicants by City Council is subject to the provisions of the Texas Open Meetings Act.

Please return application to:

Mayor and Council • Mail Stop 01-0310
101 W. Abram Street • P.O. Box 90231 • Arlington, Texas 76004-3231 • 817-459-6122