TOWN OF LOS GATOS

STUDENT COMMISSIONER APPLICATION

Submit to: Clerk Department

110 East Main Street, Los Gatos, CA 95030

Telephone: (408) 354-6834 Fax: (408) 354-8431 Email: Clerk@LosGatosCA.gov

LAST NAME: _____ **FIRST NAME:** _____

ADDRESS: _____ **CITY:** _____ **ZIP CODE:** _____

HOME PHONE: _____ **CELL PHONE:** _____

EMAIL ADDRESS: _____

PRESENT SCHOOL: _____ **SCHOOL ATTENDING IN THE FALL:** _____

HOW LONG HAVE YOU LIVED IN LOS GATOS? _____ **GRADE LEVEL IN THE FALL:** _____

Please list any student government experience that you may have. Include the Position/Office held and the associated dates.
(e.g. Student Body President, 2012-2013)

Please list any service clubs or organizations that you have belonged to. Include the Position/Office held and the associated dates.
(e.g. Red Cross - Volunteer, 2006-2008)

What Commission(s) are you applying to?

Please list your preferred order in which your application should be considered.

Community & Senior Services Commission (must be in grade 10 - 12 in fall)	Library Board (must be in grade 10 - 12 in fall)	Parks Commission (must be in grade 10 - 12 in fall)	Youth Commission (must be in grade 8 - 12 in fall)
☐	☐	☐	☐
◯ First Choice	◯ First Choice	◯ First Choice	◯ First Choice
◯ Second Choice	◯ Second Choice	◯ Second Choice	◯ Second Choice
◯ Third Choice	◯ Third Choice	◯ Third Choice	◯ Third Choice
◯ Fourth Choice	◯ Fourth Choice	◯ Fourth Choice	◯ Fourth Choice

Name of Applicant: _____

Why are you interested in serving as a Student Commissioner?
(Limit 500 characters)

Tell us about your skills, experience, or interests that you feel would assist us in considering your application:
(Limit 500 characters)

How do you see membership on one of the commissions assisting in addressing issues affecting youth in Los Gatos?
(Limit 500 characters)

What specifically will you contribute to the commission(s) that you are applying for?
(Limit 500 characters)

How many weekday hours per month would you be able to commit to as a Student Commissioner?

☐ **1 - 3 weekday hours per month** ☐ **4 - 6 weekday hours per month**

☐ **7 - 9 weekday hours per month** ☐ **10 + weekday hours per month**

☐ **Other (Please explain)** _____

******PLEASE SUBMIT A CURRENT PHOTO WITH YOUR APPLICATION******

Signature: _____ **Date:** _____

IN COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT, IF YOU NEED SPECIAL ASSISTANCE TO PARTICIPATE IN THE INTERVIEW PROCESS, PLEASE CONTACT THE CLERK DEPARTMENT AT (408) 354-6834. NOTIFICATION 48 HOURS BEFORE THE MEETING WILL ENABLE THE TOWN TO MAKE REASONABLE ARRANGEMENTS TO ENSURE ACCESSIBILITY [28 CFR §35.102-35.104]

Print Form