

City of Los Angeles

CCYF



LOS  
ANGELES  
YOUTH  
COUNCIL

MEMBER  
APPLICATION

[www.ccyf.org/YouthCouncil](http://www.ccyf.org/YouthCouncil)

MEMBER APPLICATION

City of Los Angeles



# YOUTH COUNCIL

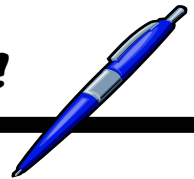


The Los Angeles Youth Council (LAYC) is a group of action oriented, positive young people between 13 and 19 years old who volunteer to serve as the spokespersons and advocates for the Youth of the City of Los Angeles. As a member, YOU will be empowered to express the views and opinions of your peers to City officials, promote City sponsored programs, identify the need for new programs and services that focus on youth, and engage young people all over the City.

YOU will engage in a variety of activities ranging from direct action in your neighborhood to impact the lives of those around you, to developing legislative policy that may impact the lives of all young people in Los Angeles!

The LAYC will be the best Youth organization in the nation, and YOU can be a part of it.

SEE WHAT YOUTH CAN DO!



Please PRINT in blue/black ink or TYPE

## SECTION 1: TELL US ABOUT YOURSELF

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

What do you like to be Called? \_\_\_\_\_

Birthday: \_\_\_\_\_ Age Now: \_\_\_\_\_ Male or Female  
*(circle one)*

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Council District: \_\_\_\_\_ *(if you know)* Neighborhood Council: \_\_\_\_\_

School Name: \_\_\_\_\_ Grade: 6, 7, 8, 9, 10, 11, 12, College, Working  
*(circle one)*

Employer: \_\_\_\_\_ Hours/Work Day: S M T W TH F S  
*(circle one)*

HOW DID YOU HEAR ABOUT THE LAYC? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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SECTION 2: PARENT/GUARDIAN AGREEMENT

I, the undersigned, as the parent or legal guardian of the youth named in this application, do give my full consent and approval for him/her to participate as a member of the Los Angeles Youth Council (LAYC) . I authorize the City of Los Angeles and the Commission for Children, Youth and Their Families (CCYF) to use this youth applicant's name, likenesses and performance for the purpose of promoting and publicizing the LAYC.

I further agree that I shall assert no claim against the City of Los Angeles or CCYF with respect to any injury which I may charge as been sustained by my child in connection with his/her participation in or as a member of LAYC.

Signature Parent or Guardian

Date

Print Name

Daytime Phone Number

Relationship to Applicant

E-Mail Address

SECTION 3: EXPRESS YOURSELF (Use Additional Sheets if Necessary)

- What are your interests? For example, what do you do in your free time? Or, what after school activities do you participate in?
- What changes would you like to see in your community for the youth?
- Describe the commitment to the LAYC and/or the LAYC Chapter you are to be a member in?
- What types of activities would you like to engage in that you are not already involved in?

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## SECTION 4: CERTIFICATION

I certify that all statements on this application are true and complete to the best of my knowledge. I understand that false or incomplete statements shall be sufficient cause for disqualification from the LAAYC and/or removal from office.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

These questions are voluntary ONLY:

Are you a person with a disability? **Y N**

*(If yes, would you need any special accommodations in order to regularly attend LAYC meetings and events? If yes, please indicate your accommodation?)*

\_\_\_\_\_  
\_\_\_\_\_

Are you (Check as many as apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Native American        | <input type="checkbox"/> Hispanic/Latino        |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Asian/Pacific Islander |
| <input type="checkbox"/> White/Anglo            | <input type="checkbox"/> Filipino               |
| <input type="checkbox"/> Other _____            |   |

### MAIL ALL MATERIALS IN ONE ENVELOPE TO:

CCYF — Los Angeles Youth Council  
200 North Spring Street  
City Hall, 22nd Floor  
Los Angeles, CA 90012

Phone: 213-978-1841  
Fax: 213-978-1871

Email: [ccyf.layouth@city.org](mailto:ccyf.layouth@city.org)  
Or visit us at [www.ccyf.org/Youth Council/](http://www.ccyf.org/Youth Council/)

For Office Use Only:

Date Stamp: \_\_\_\_\_

Initials: \_\_\_\_\_