

CITY OF SALEM, MASSACHUSETTS

Kimberley Driscoll Mayor

YOUTH COMMISSION APPLICATION 2018

Name		Date:	
Address			
DOB & Age	Email		
Home Phone		_ Cell Phone	
Emergency Contact		Phone Number	
Email	Relationship to you		
How did you hear abou		?	
Why would you like to j	join the Youth Co	mmission?	

Please Check the Ward you live in:

To find out what ward you live in you can visit www.wheredoivotema.com and type in your address.

Ward 1	Ward 2	Ward 3	Ward 4	Ward 5	Ward 6	Ward 7	
Councillor	Councillor	Councillor	Councillor	Councillor	Councillor	Councillor	
Robert	Christine	Lisa	Timothy	Josh H.	Beth	Stephen	
McCarthy	Madore	Peterson	Flynn	Turiel	Gerrard	Dibble	
Education Information: In lieu of answering the following questions please include a resume if available.							
School Name	School NameGrade						
GPA Expected Date of Graduation							
Please list your extracurricular activities (sports, clubs, hobbies, jobs, volunteering, etc.)							
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What special skills or talents would you bring to the Youth Commission?-							

List any honors and awards:	
Career Plans:	
Certification	
I certify that the information provided abo	ove is complete and accurate to the best of my
knowledge. I understand that giving a fals	se answer to any question or withholding or omitting
any information requested, may be groun	ds for denial of this application and/or dismissal from
the Youth Commission program.	
Signature	
PHOTO RELEASE:	
I grant The City of Salem Youth Commissof me and my property in connection with Commission, its assigns and transferees to electronically. I agree that the Salem You or without my name and for any lawful property in the commission of the commissi	ssion & its representatives the right to take photographs the above-identified subject. I authorize Salem Youth o copyright, use and publish the same in print and/or ath Commission may use such photographs of me with urpose, including for example such purposes as eb content. I have read and understand the above.
Signature	 Date