

**CITY OF VISTA YOUTH VOLUNTEER SERVICES APPLICATION**

**Office of the City Clerk  
200 Civic Center Drive, Vista, CA 92084  
Phone: 760.643.5320 Fax: 760.639.6126  
Email: kvaldez@cityofvista.com**

**Please note: Under the Public Records Act, this completed application becomes a Public Record and must be disclosed upon request.**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE (in 2017/18 School Year): \_\_\_\_\_

Is your school in the Vista Unified School District or located in the City of Vista? \_\_\_\_\_

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**I am interested in serving on the following Commissions:**

\_\_\_\_\_ PUBLIC ARTS COMMISSION  
Meets 1st Tuesday of Month  
at 6:30 pm

\_\_\_\_\_ PLANNING COMMISSION  
Meets 1st & 3rd Tuesdays of Month  
at 6:00 pm

\_\_\_\_\_ PARKS & RECREATION  
COMMISSION  
Meets 4th Monday of Month at 6:00 pm

\_\_\_\_\_ COMMUNITY SAFETY COMMISSION  
Meets 2nd Thursday of every other Month  
at 5:30 pm

\_\_\_\_\_ YOUTH COMMISSION  
Meets 3rd Wednesday of Month at 4:30

**QUALIFICATIONS AND SPECIAL INTERESTS: (This information is optional)**

**Past Public Service and/or Employment History (if applicable):**

**Other Qualifications & Special Interests:**

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

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

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**