

APPLICATION FOR APPOINTMENT
TO A CITY ADVISORY BODY/COMMITTEE/ COMMISSION

MAR 21 2013

Name of Advisory Body: Youth Commission
Name of Applicant: Jennifer L. Janes
First Name Middle Initial
Street Address: _____ City, Zip: _____

Mailing Address: _____
(if different from home) P.O. Number City State Zip
Home Phone: _____ Home Fax: _____ E-mail: _____

Retired? ☐ Occupation (if applicable) Student
Employer (if applicable) _____
Work Phone: () _____ Work Fax: () _____ E-mail: _____

EDUCATION & TRAINING GRADE ENTERING INTO 12
High School North County Christian H.S. Atascadero CA
Name City State
College _____
Name City State
Degrees/Majors _____
Other Schools/Training _____

MEMBERSHIP IN ORGANIZATIONS
St. Rose Youth Group
N.C.C.S. Mock Trial - Red Cross Club

ADVISORY BODY/COMMITTEE/COMMISSION APPOINTMENTS TERM
Current Youth Commission From 2011 To 2013
Current _____ From _____ To _____
Previous _____ From _____ To _____
Previous _____ From _____ To _____
Previous _____ From _____ To _____

ADDITIONAL INFORMATION
Please provide any supplemental information to this application, including the specific reason you believe you should be appointed to this advisory body.

City of P.R. Library - summer reading program
I would like to continue on as a youth
commissioner as I really enjoy the group. I like
volunteering and making a difference in our city.

UPON RECEIPT OF A TIMELY FILED APPLICATION, THE CITY CLERK'S OFFICE WILL SEND NOTIFICATION TO EACH APPLICANT AND A CITY COUNCIL INTERVIEW SCHEDULE WILL BE ARRANGED.

LAST NAME Janes COMMITTEE NAME Youth Commission

READ CAREFULLY

This is a public document. I understand that all information contained within it will be provided to the public upon request.

If appointed to a City committee, commission or other advisory body, I authorize the City to post the following on its Web site. I understand that other Web sites not controlled by the City may provide links to a City Web page that has my personal information on it. I also authorize the City to update my personal contact information on its Web site if my contact information changes.

- | | | |
|--|--|--|
| <input type="checkbox"/> Home address | <input type="checkbox"/> Business address | <input type="checkbox"/> Cell Phone Number |
| <input type="checkbox"/> Home phone number | <input type="checkbox"/> Business phone number | <input type="checkbox"/> Personal E-mail address |
| <input type="checkbox"/> Home fax number | <input type="checkbox"/> Business fax number | <input type="checkbox"/> Business e-mail address |

Further, if my home address and telephone number are otherwise non-disclosable under the California Public Records Act (California Government Code §6250 et seq.), I understand that by agreeing to the release of the information above, this information may be provided by the City in response to a request made under the Public Records Act.

Date March 20, 2013 _____

If appointed to a City committee, commission or other advisory body, I **DO NOT** authorize the City to post my contact information on its Web site or to release such information to a third party who may post the information on their Web site. The City may, however, disclose on the Internet and in all other appropriate places that I serve on a City committee, commission or other advisory body.

Date _____

City of Paso Robles

11th grade

RECEIVED

MAR 25 2013

BUILDING DIVISION

APPLICATION FOR APPOINTMENT
TO A CITY ADVISORY BODY/COMMITTEE/ COMMISSION

Name of Advisory Body: Youth Commission

Name of Applicant: LUCAS K. SPRINGE
First Name Middle Initial Last Name

Street Address: [REDACTED] City, Zip: PASO ROBLES, CA 93446

Mailing Address: SAME
(If different from home) P.O. Number City State Zip

Home Phone: [REDACTED] Home Fax: () E-mail: [REDACTED]

Retired? ☐ Occupation (if applicable) STUDENT

Employer (if applicable) _____

Work Phone: () Work Fax: () E-mail: _____

EDUCATION & TRAINING

High School ATASCADERO HIGH SCHOOL ATASCADERO CA
Name City State

College [REDACTED]
Name City State

Degrees/Majors 10th GRADE

Other Schools/Training
National Youth Leadership Training (NYLT)

MEMBERSHIP IN ORGANIZATIONS

Boy scouts for 5 years and going still.

ADVISORY BODY/COMMITTEE/COMMISSION APPOINTMENTS

Current _____
Current _____
Previous _____
Previous _____
Previous _____

TERM

From _____ To _____
From _____ To _____
From _____ To _____
From _____ To _____
From _____ To _____

ADDITIONAL INFORMATION

Please provide any supplemental information to this application, including the specific reason you believe you should be appointed to this advisory body.

I would like to have a say in my community and its activities.
I also want to learn how advisory committees work.
I am very creative and would like to voice my opinions.
I want to give some of my time to help my community.

LAST NAME Springe COMMITTEE NAME Paso Youth Commission

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|---|--|--|
| <input checked="" type="checkbox"/> Home address | <input type="checkbox"/> Business address | <input type="checkbox"/> Cell Phone Number |
| <input checked="" type="checkbox"/> Home phone number | <input type="checkbox"/> Business phone number | <input type="checkbox"/> Personal E-mail address |
| <input type="checkbox"/> Home Fax number | <input type="checkbox"/> Business fax number | <input type="checkbox"/> Business e-mail address |

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Date 03.12.13

Signature [REDACTED]

If appointed to a City committee, commission or other advisory body, I **DO NOT** authorize the City to post my contact information on its Web site or to release such information to a third party who may post the information on their Web site. The City may, however, disclose on the Internet and in all other appropriate places that I serve on a City committee, commission or other advisory body.

Date March-24-2013

City of Paso Robles

RECEIVED
CITY OF PASO ROBLES

MAR 27 2013

CITY OF PASO ROBLES

APPLICATION FOR APPOINTMENT TO A CITY ADVISORY BODY/COMMITTEE/ COMMISSION

Name of Advisory Body: Paso Robles Youth Commission

Name of Applicant: Adam R. Greenlee
First Name Middle Initial Last Name

11th grade

Street Address: [REDACTED] City, Zip: 93446

Mailing Address: [REDACTED]
(if different from home) P.O. Number City State Zip

Home Phone: [REDACTED] Home Fax: () E-mail: [REDACTED]

Retired? ☐ Occupation (if applicable) [REDACTED]

Employer (if applicable) [REDACTED]

Work Phone: () Work Fax: () E-mail: [REDACTED]

EDUCATION & TRAINING

High School Paso Robles High School Paso Robles CA
Name City State

College [REDACTED]
Name City State

Degrees/Majors [REDACTED]

Other Schools/Training [REDACTED]

MEMBERSHIP IN ORGANIZATIONS

Leos Club of Paso Robles High School
California Scholarship Federation

ADVISORY BODY/COMMITTEE/COMMISSION APPOINTMENTS

Current [REDACTED]
Current [REDACTED]
Previous [REDACTED]
Previous [REDACTED]
Previous [REDACTED]

TERM

From [REDACTED] To [REDACTED]
From [REDACTED] To [REDACTED]
From [REDACTED] To [REDACTED]
From [REDACTED] To [REDACTED]
From [REDACTED] To [REDACTED]

ADDITIONAL INFORMATION

Please provide any supplemental information to this application, including the specific reason you believe you should be appointed to this advisory body.

I believe I should be appointed as a member of the Paso Robles Youth Commission, since I want to make a difference in our community and make Paso Robles an even better town.

LAST NAME Greenlee

COMMITTEE NAME Paso Robles Youth Commission

READ CAREFULLY

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☐ Home Fax number ☐ Business fax number ☐ Business e-mail address

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Date [REDACTED]

Signature [REDACTED]

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Date 3-3-13

Signature [REDACTED]

City of Paso Robles

RECEIVED
CITY OF PASO ROBLES

MAR 27 2013

CITY OF PASO ROBLES

APPLICATION FOR APPOINTMENT
TO A CITY ADVISORY BODY/COMMITTEE/ COMMISSION

Name of Advisory Body: Paso Robles Youth Commission

Name of Applicant: Ryan L Greenlee
First Name Middle Initial Last Name

11th grade

Street Address: [REDACTED] City, Zip: Paso Robles, 93446

Mailing Address: [REDACTED] P.O. Number [REDACTED] City [REDACTED] State [REDACTED] Zip [REDACTED]

Home Phone: [REDACTED] Home Fax: () E-mail: [REDACTED]

Retired? ☐ Occupation (if applicable) [REDACTED]

Employer (if applicable) [REDACTED]

Work Phone: () Work Fax: () E-mail: [REDACTED]

EDUCATION & TRAINING

High School Paso Robles High School Paso Robles CA
Name City State

College [REDACTED] [REDACTED] [REDACTED]
Name City State

Degrees/Majors [REDACTED]

Other Schools/Training [REDACTED]

MEMBERSHIP IN ORGANIZATIONS

Paso Robles High School "Leos Club" and "California Scholarship Federation"

ADVISORY BODY/COMMITTEE/COMMISSION APPOINTMENTS

TERM

Current [REDACTED]
Current [REDACTED]
Previous [REDACTED]
Previous [REDACTED]
Previous [REDACTED]

From [REDACTED] To [REDACTED]
From [REDACTED] To [REDACTED]
From [REDACTED] To [REDACTED]
From [REDACTED] To [REDACTED]
From [REDACTED] To [REDACTED]

ADDITIONAL INFORMATION

Please provide any supplemental information to this application, including the specific reason you believe you should be appointed to this advisory body.

I believe I should be appointed to the Paso Robles Youth Commission because I care about our town and think that my ideas would benefit the youth of the Paso Robles community.

LAST NAME Greenlee

COMMITTEE NAME Paso Robles Youth Commission

READ CAREFULLY

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☐ Home address
☐ Home phone number
☐ Home Fax number

☐ Business address
☐ Business phone number
☐ Business fax number

☐ Cell Phone Number
☐ Personal E-mail address
☐ Business e-mail address

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Date [REDACTED]

Signature [REDACTED]

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Date 3-26-13

Signature [REDACTED]

City of Paso Robles

9th grade

MAR 29 2013

APPLICATION FOR APPOINTMENT TO A CITY ADVISORY BODY/COMMITTEE/ COMMISSION

Name of Advisory Body: Paso Robles Youth Commission

Name of Applicant: Grant D Scheiffele
First Name Middle Initial Last Name

Street Address: [REDACTED] City, Zip: Paso Robles 93446

Mailing Address: [REDACTED]
(if different from home) P.O. Number City State Zip

Home Phone: [REDACTED] Home Fax: () E-mail: [REDACTED]

Retired? ☐ Occupation (if applicable) [REDACTED]

Employer (if applicable) Student- Lewis Middle School, Grade 8

Work Phone: () Work Fax: () E-mail: [REDACTED]

EDUCATION & TRAINING

High School Paso Robles High School (beginning fall 2013) Paso Robles CA
Name City State

College [REDACTED] [REDACTED] [REDACTED]
Name City State

Degrees/Majors [REDACTED]

Other Schools/Training [REDACTED]

MEMBERSHIP IN ORGANIZATIONS

Troop 60, Boy Scouts of America, Paso Robles, CA
NCA Swim Club

ADVISORY BODY/COMMITTEE/COMMISSION APPOINTMENTS

TERM

Current <u>[REDACTED]</u>	From <u>[REDACTED]</u> To <u>[REDACTED]</u>
Current <u>[REDACTED]</u>	From <u>[REDACTED]</u> To <u>[REDACTED]</u>
Previous <u>[REDACTED]</u>	From <u>[REDACTED]</u> To <u>[REDACTED]</u>
Previous <u>[REDACTED]</u>	From <u>[REDACTED]</u> To <u>[REDACTED]</u>
Previous <u>[REDACTED]</u>	From <u>[REDACTED]</u> To <u>[REDACTED]</u>

ADDITIONAL INFORMATION

Please provide any supplemental information to this application, including the specific reason you believe you should be appointed to this advisory body.

I would like to serve my community through the Youth Commission. I would like to help make our community better. I am currently a Star Scout in BSA Troop 60, Swim for North County Aquatics Swim Club and will be on staff for NYLT (National Youth Leadership Training) Camp for the Los Padres Council Boy Scouts this summer.

LAST NAME Scheiffele

COMMITTEE NAME Paso Robles Youth Commission

READ CAREFULLY

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| <input type="checkbox"/> Home address | <input type="checkbox"/> Business address | <input type="checkbox"/> Cell Phone Number |
| <input type="checkbox"/> Home phone number | <input type="checkbox"/> Business phone number | <input type="checkbox"/> Personal E-mail address |
| <input type="checkbox"/> Home fax number | <input type="checkbox"/> Business fax number | <input type="checkbox"/> Business e-mail address |

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Date [REDACTED] Signature [REDACTED]

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Date Mar 29, 2013 Signature [REDACTED]

**APPLICATION FOR APPOINTMENT
TO A CITY ADVISORY BODY/COMMITTEE/ COMMISSION**

MAR 29 2013

Name of Advisory Body: Paso Robles City Youth Commission

Name of Applicant: Elena V. Santiago
First Name Middle Initial Last Name

Street Address: [REDACTED] City, Zip: Paso Robles, 93446

Mailing Address: [REDACTED] Paso Robles CA 93447
(if different from home) P.O. Number City State Zip

Home Phone: [REDACTED] Home Fax: [REDACTED] E-mail: [REDACTED]

Retired? ☐ Occupation (if applicable) _____

Employer (if applicable) _____

Work Phone: [REDACTED] Work Fax: [REDACTED] E-mail: _____

EDUCATION & TRAINING

GRADE ENTERING INTO 11

High School Paso Robles High School Paso Robles CA
Name City State

College _____
Name City State

Degrees/Majors _____

Other Schools/Training _____

MEMBERSHIP IN ORGANIZATIONS

ADVISORY BODY/COMMITTEE/COMMISSION APPOINTMENTS

TERM

Current <u>City Youth Commission</u>	From <u>2011</u>	To <u>2013</u>
Current _____	From _____	To _____
Previous _____	From _____	To _____
Previous _____	From _____	To _____
Previous _____	From _____	To _____

ADDITIONAL INFORMATION

Please provide any supplemental information to this application, including the specific reason you believe you should be appointed to this advisory body.

I believe I should be appointed to this advisory body because I enjoy serving my community and helping others out. I love being involved in the city and being a part of the bigger picture. My participation in my previous serving was fulfilling and worth while. I hope participating again is a possibility for me.

I also enjoy art and math.

UPON RECEIPT OF A TIMELY FILED APPLICATION THE CITY CLERK'S OFFICE WILL SEND NOTIFICATION TO EACH APPLICANT AND A CITY COUNCIL INTERVIEW SCHEDULE WILL BE ARRANGED.

LAST NAME Santiago

COMMITTEE NAME Youth Commission

READ CAREFULLY

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| <input type="checkbox"/> Home address | <input type="checkbox"/> Business address | <input type="checkbox"/> Cell Phone Number |
| <input type="checkbox"/> Home phone number | <input type="checkbox"/> Business phone number | <input type="checkbox"/> Personal E-mail address |
| <input type="checkbox"/> Home Fax number | <input type="checkbox"/> Business fax number | <input type="checkbox"/> Business e-mail address |

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Date _____

Signature _____

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Date March 26, 2013

Signature / 11

City of Paso Robles

APPLICATION FOR APPOINTMENT TO A CITY ADVISORY BODY/COMMITTEE/ COMMISSION

RECEIVED

MAR 29 2013

BUILDING DIVISION

Name of Advisory Body: The Paso Robles Youth Commission

Name of Applicant: Ethan T Athey
First Name Middle Initial Last Name

Street Address: [REDACTED] City, Zip: Paso Robles 93446

Mailing Address: [REDACTED] P.O. Number [REDACTED] City [REDACTED] State [REDACTED] Zip [REDACTED]
(if different from home)

Home Phone: [REDACTED] Home Fax: [REDACTED] E-mail: [REDACTED]

Retired? ☐ Occupation (if applicable) Student

Employer (if applicable) [REDACTED]

Work Phone: [REDACTED] Work Fax: [REDACTED] E-mail: [REDACTED]

EDUCATION & TRAINING

High School Paso Robles Highschool (in fall) Paso Robles CA
Name City State

College [REDACTED] [REDACTED] [REDACTED]
Name City State

Degrees/Majors [REDACTED]

Other Schools/Training [REDACTED]

MEMBERSHIP IN ORGANIZATIONS

Boy Scouts of America

ADVISORY BODY/COMMITTEE/COMMISSION APPOINTMENTS

Current [REDACTED]
Current [REDACTED]
Previous [REDACTED]
Previous [REDACTED]
Previous [REDACTED]

TERM

From [REDACTED] To [REDACTED]
From [REDACTED] To [REDACTED]
From [REDACTED] To [REDACTED]
From [REDACTED] To [REDACTED]
From [REDACTED] To [REDACTED]

ADDITIONAL INFORMATION

Please provide any supplemental information to this application, including the specific reason you believe you should be appointed to this advisory body.

I care about the youth's needs and would like to help out the community.

LAST NAME Athey

COMMITTEE NAME The Paso Robles Youth Commission

READ CAREFULLY

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| <input type="checkbox"/> Home address | <input type="checkbox"/> Business address | <input type="checkbox"/> Cell Phone Number |
| <input type="checkbox"/> Home phone number | <input type="checkbox"/> Business phone number | <input type="checkbox"/> Personal E-mail address |
| <input type="checkbox"/> Home Fax number | <input type="checkbox"/> Business fax number | <input type="checkbox"/> Business e-mail address |

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Date [REDACTED]

Signature [REDACTED]

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Date March 27 2013

Signature [REDACTED]

9th grade