

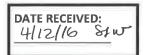
City of Paso Robles

Application for Appointment

DATE 4/11/16
RECEIVED: Stor

TO A CITY ADVISORY BODY/ COMMITTEE/ COMMISSION

Applicant Information	
Advisory Body Applying to: YOUTH COMMISSION Gra	ade Entering Into:
Applicant Name: 3 man sections	
Email Address:	Phone/
Street Address:	
City: Paso Robbes State: CA	ZIP Code: 93446
Mailing Address (if different from home)	
City: State:	ZIP Code:
Education and Training	
High School V	
College	
Other Schools/Training	
MEMBERSHIP IN ORGANIZATIONS:	
Advisory Body/ Committee/ Commission Appointments	
Current: Currently in Youth Commissions From: July Zoly T	0: W Sure 2016
	o.
Previous: Dates From: T	o:
	o:
Additional Information	
Please provide any supplemental information to this application, including the	
appointed to this advisory body. I Strongly believe	that being
	tore development
age is crucked for 145 for	2000
READ CAREFULLY	
This is a public document. I understand that all information contained within it will be provided to the committee, commission or other advisory body, I authorize the City to post the following on its website controlled by the City may provide links to a City web page that has my personal information on it. I als contact information on its website if my contact information changes.	e. I understand that other websites not so authorize the City to update my personal
Further, if my home address and telephone number are otherwise non-disclosable under the California Code §6250 et esq.), I understand that by agreeing to the release of the information above, this inform to a request made under the Public Records Act.	·
Date: 4/14/16 Signature:	
If appointed to a City Committee, commission or other advisory body, I <u>DO NOT</u> authorize the City to p to release such information to a third party who may post the information on their website. The City mall other appropriate places that I serve on a City committee, commission or other advisory body.	
Date: Signature:	



City of Paso Robles APPLICATION FOR APPOINTMENT TO A CITY ADVISORY BODY/COMMITTEE/COMMISSION

Name of Advisory Body: YOU	TH COMMISSION		GRADE ENTERING	3 INTO: 12
Name of Applicant:		Middle Initial		Bolaños Last Name
Street Address:			Santliguel	
Mailing Address:(if different from home)	PO Box number	City	State	Zip
Home Phone: ()	Cell Phone		E-mail:	
Employer (if applicable)				
Work Phone: ()	Work Fax: ()		E-mail:	
	EDUCATION	AND TRAI	NING	
High School <u>Paso Probles</u>	, High School	Paso	Robles	CA State
College		Ci	ity	State
Other Schools/ Training				
MEMBERSHIP IN ORGANIZATI	ONS: AVID, L	eadership &	1, Sam Miquel	Youth Group
·				
		- /		
Current	BODY/COMMITTE	E/COMMISS		To
Previous		======================================		To
Previous				То
ADDITIONAL INFORMATION				
Please provide any supplemental				ou should be appointed
to this advisory body. This	e to help a	round the	- Community	
READ CAREFULLY This is a public document. I understand the lift appointed to a City committee, commiss controlled by the City may provide links to mation on its website if my contact information.	sion or other advisory body, I author o a City web page that has my persor	rize the City to post the fo	ollowing on its website. I unde	
Further, if my home address and telepho seq.), I understand that by agreeing to the Public Records Act. Date: 4-12-16		his information may be p		
		Signature		

If appointed to a City committee, commission or other advisory body, ! <u>DO NOT</u> authorize the City to post my contact information on its website or to release such information to a third party who may post the information their website. 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	RECEIVED:	
		1

City of Paso Robles APPLICATION FOR APPOINTMENT TO A CITY ADVISORY BODY/COMMITTEE/COMMISSION

MAR 2 2 2016

	City of Paso Robles
Name of Advisory Body: YOUTH COMMISSION	GRADE ENTERING INTO!
Name of Applicant:	Collins Last Name
Street Address:	City: Robles Zip: 93446
Mailing Address: (if different from home) PO Box number City	State Zip
Home Phone: Cell Phone:	E-mail:
Employer (if applicable)	
Work Phone: () Work Fax: ()	E-mail:
EDUCATION AND T	RAINING
High School Paso Rebles Migh School	Paso Robles California
College Lollege	Paso Robles California
Other Schools/ Training	
MEMBERSHIP IN ORGANIZATIONS: Boy Scorts Order of the Arma (By Soul Organization)	of America, Skills USA,
ADVISORY BODY/COMMITTEE/COM Current	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 the
latte Commission because if will	allow me to exercise and
deposit frace my resider ship signs as well	us learn about blacks of yourne
READ CAREFULLY This is a public document. I understand that all information contained within it will be provided appointed to a City committee, commission or other advisory body, I authorize the City to controlled by the City may provide links to a City web page that has my personal information mation on its website if my contact information changes.	post the following on its website. I understand that other websites not
Further , if my home address and telephone number are otherwise non-disclosable under the seq.), I understand that by agreeing to the release of the information above, this information Public Records Act. Date: Compared to the release of the information above, this information above, the information above, and the information above, and t	
Signature	

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

DATE RECEIVED:

City of Paso Robles APPLICATION FOR APPOINTMENT TO A CITY ADVISORY BODY/COMMITTEE/COMMISSION

Name of Advisory Body: YOUTH CON	MISSION	GRADE ENTERING INTO: 12
Name of Applicant: Taylov	P Middle Initial	Havaraue
Street Address:	City: _	Paro Robles zip: 9344
Mailing Address:	nber City	State Zip
Home Phone:	ell Phone: (US)	E-mail:
Employer (if applicable)		
Work Phone: W	ork Fax:	E-mail:
EDU	CATION AND TRAIL	NING
High School Paso Robles	High School	Pasa Robles State
College	Cit	y State
Other Schools/ Training		
MEMBERSHIP IN ORGANIZATIONS:	inst Baptist Church	n youth Group,
Artistry in motion to Dana Team	ance, PIZHS Chee	n youth Group, x, PRHS Treasurer
	COMMITTEE/COMMISSI	ON APPOINTMENTS
Current		From To
Previous		From To
Previous		From To
ADDITIONAL INFORMATION		
Please provide any supplemental information to this advisory body. AM AM AM AM AM AM AM AM AM A		ific reason you believe you should be appointed the commonity and individual,
controlled by the City may provide links to a City web p mation on its website if my contact information change Further , if my home address and telephone number ar	advisory body, I authorize the City to post the fol age that has my personal information on it. I also s. e otherwise non-disclosable under the California	oublic upon request. Ilowing on its website. I understand that other websites of authorize the City to update my personal contact informations a Pubic Records Act (California Government Code §6250 of covided by the City in response to a request mad under the

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



City of Paso Robles

DATE 4/11/16
RECEIVED

Application for Appointment TO A CITY ADVISORY BODY/ COMMITTEE/ COMMISSION

Applicant Information				
Advisory Body Applying to: YOUTH COMMISSION Grade Entering Into: 11				
Applicant Name: Mason Seden - Hansen				
Email Address: Phone:				
Street Address:				
City: Paso Robles State: CA ZIP Code: 93446				
Mailing Address (if different from home)				
City: ZIP Code:				
Education and Training				
High School Paso Robber High school				
College				
Other Schools/Training				
MEMBERSHIP IN ORGANIZATIONS:				
Advisory Body/ Committee/ Commission Appointments				
Current: Dates From: To:				
Current: Dates From: To:				
Previous: Dates From: To:				
Previous: Dates From: To:				
Additional Information				
Please provide any supplemental information to this application, including the specific reason you believe you				
appointed to this advisory body. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
For my community and strengthen our democracy by sorving				
on the yourh comission.				
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 website. I understand that other websites 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 website if my contact information changes.				
Further, if my home address and telephone number are otherwise non-disclosable under the California Public Records Act (California Government Code §6250 et esq.), 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: 4/12/15 Signature:				
If appointed to a City Committee, commission or other advisory body, I <u>DO NOT</u> authorize the City to post my contact information on its website or to release such information to a third party who may post the information on their website. 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: Signature:				