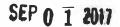
DATE RECEIVED:

City of Paso Robles Application for Appointment to a City Advisory Body/committee/commission



Name of Advisory Body: YOUTH COMMISSION_

GRADE ENTERING INTO: 10

| Name of Applicant: Laur | ren | A | | Athey | |
|--|----------------------------------|--|-------------------|--|--|
| First Name | | Middle Initial | | Last Name | |
| Street Address: | | City: Paso Rob | es | Zip: <u>93446</u> | |
| Mailing Address: | PO Box number | City | State | Zip | |
| (ij alfferent from nome) | PO Box humber | Uly | 51012 | Ζιρ | |
| Home Phone: | Cell Phone: | _E-mail: | | | |
| Employer (if applicable) | | | | | |
| Work Phone: | Work Fax: | E-mail: | | | |
| | EDUCATION / | AND TRAINING | | | |
| High School Paso Roble | s High School | Paso Robles | | CA | |
| Name | | City | | State | |
| College | | City | | State | |
| Other Schools/ Training | Georgia Brown Dual Immersion S | panish Education, CPR Cer | tified, Baby | sitting Certified | |
| | | | | | |
| | | | | | |
| MEMBERSHIP IN ORGAN | VIZATIONS: GIRI Scouts of Americ | a (11 years) | | | |
| MEMBERSHIP IN ORGAN | VIZATIONS: GIR Scouts of Americ | a (11 years) | | | |
| MEMBERSHIP IN ORGAN | VIZATIONS: GIR Scouts of Americ | a (11 years) | | | |
| | ORY BODY/COMMITTE | | POINTM | ENTS | |
| ADVIS | ORY BODY/COMMITTE | E/COMMISSION AP | | E N T S | |
| ADVIS | | E/COMMISSION AP | rom | | |
| A D V I S Current Previous | ORY BODY/COMMITTE | E /COMMISSION AP F | rom | То | |
| A D V I S Current Previous Previous | ORY BODY/COMMITTE | E /COMMISSION AP F | rom | To | |
| A D V I S Current Previous ADDITIONAL INFORMAT | ORY BODY/COMMITTE | E/COMMISSION AP | rom rom rom | То То То | |
| Current Previous Previous ADDITIONAL INFORMAT Please provide any supplen | ORY BODY/COMMITTE | E / C O M MISSION A P F F F F F F F F F F F F F F F F F F F | rom rom rom | To To To vou should be appoin | |

Commission for four years and he though it was valuable experience.

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 Pubic Records Act (California Government Code §6250 et seq.), I understand that by agreeing to the release of the information above, this information above, the sequence of the information above, this information above, the sequence of the information above ab

Public Records Act. Date:

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 committee, commission or other advisory body.

Signa

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

| Name of Advisory Bo | dy: YOUTH COMMI | SSION | GRAD | DE ENTERING | INTO: Qth |
|--|-------------------|----------------|------------|-------------|-------------------|
| Name of Applicant: | Sasha | A | | | Baer |
| ituite et tippileanti | First Name | Middle Initial | 0 | | Last Name |
| Street Address: | | | City: Paso | Robles | Zip: <u>93440</u> |
| Mailing Address: (if different from home) | PO Box number | City | | State | Zip |
| Home Phone: | Cell Ph | | E-mail: | State | Lip |
| Employer (if applical | ble) | | | | |
| Work Phone: | Work F | ax: | E-mail: | | |
| | EDUCA | TION AND TR | AINING | | |
| High School | | | Cite | | Checke |
| Name | | | City | | State |
| College | 1.000.000 | 63 TR 5 TR 5 | City | | State |
| | ng Lewis Mid | | | | |
| MEMBERSHIP IN OR | GANIZATIONS: Lewi | s Leadership |), United | States | Pong Club |
| | | | , | | 0 |
| ADV | ISORY BODY/CO | MMITTEE/COMM | ISSION AF | POINTME | NTS |
| Current | | | | From | То |
| | | | | From | То |
| Previous | | | | - | То |

| Please provide any supplemental information to this application, including the specific reason you believe you should be appointed |
|---|
| to this advisory body. For the past two years, I have been involved in Lewis Leadership and its so rewarding |
| when I can make a difference, Lost month I took part in speaking in front of City Council |
| and we passed the ordinance for smoking in Public places. I would love the oppertunity to continue to make Paso a better place by being part of the youth commission. |
| to continue to make Paso abetter place by being part of the youth commission, |

DATE RECEIVED:

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| Date: 9 | 14/17 | |
|---------|-------|--|

Signature

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

| Name of Advisory Body: YOUTH COMMISSION | 6 | GRADE ENTERING | |
|---|--------------------------------|---------------------------------------|---------------------------|
| | A.A. | 5 | |
| Name of Applicant: | /* | 15 | icer |
| First Name | Middle Initial | 2 | Last Name |
| Street Address: | City: | aso Robles | _Zip: <u>93446</u> |
| | | | |
| Mailing Address: | City | State | Zip |
| | | | مور <u>م</u> |
| Home Phone: <u>Cell Phone:</u> | E-m | nail: | |
| Employer (if applicable) | | | |
| Work Phone: | F-n | nail: X | |
| | ND TRAINI | | |
| EDUCATION A | NU IRAINI | | |
| High School Paso Robles High Scho | ol Paso R | ables | CA |
| Name | City | | State |
| College | City | | State |
| | city | | Jule |
| Other Schools/ Training | 1 1. | | 11 |
| MEMBERSHIP IN ORGANIZATIONS: National 13a | rrel Horse A | ssociation, | Young |
| Engles, Experimental Aircraft Associat | | ANT | et la li |
| - 11 / · | non, FUTA | E Californi | a and ochora |
| teleration | | - | |
| ADVISORY BODY/COMMITTEE | /COMMISSION | APPOINTME | NTS |
| Current Pasa Robles Youth Commission | | | To 6/30/17 |
| Previous | | | То |
| Previous | | | _ To |
| | | | _ 10 |
| ADDITIONAL INFORMATION | | | |
| Please provide any supplemental information to this application, | including the specific r | eason you believe you | should be appointed |
| to this advisory body. I believe (should | be appoin | ted to t | his advisory |
| body because I had a great of | experience a | | vious term |
| | | 1 1 2. | ong and effect |
| | 111005 | | La II |
| City, and I would love to continu | 1 0. | ith in Wor | hing on these |
| | tinuing to be | · · · · · · · · · · · · · · · · · · · | mmonity. |
| This is a public document. I understand that all information contained within it v | | | |
| If appointed to a City committee, commission or other advisory body, I authorize | | | |
| controlled by the City may provide links to a City web page that has my personal mation on its website if my contact information changes. | information on it. I also auth | norize the City to update m | y personal contact infor- |
| inclose of the mediate in my conduct information changes. | | 2 | |
| Further , if my home address and telephone number are otherwise non-disclosa | bl | | ode §6250 et |
| seq.), I understand that by agreeing to the release of the information above, this | i i | | ad under the |
| Public Records Act | | | |

4 16 Date:

serve on a City committee, commission or other advisory body.

DATE RECEIVED: 1/17

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5 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

| DATE RECEIVED: |] | | of Paso Roble ION FOR APPOINT BODY/COMMITT | MENT | SEP 0 1 2 |
|------------------------|---|--------------------------------|--|----------------------------|--|
| Name of Advisory Bo | ody: YOUTH COMM | ISSION | GRAI | | ITO: 12 |
| Name of Applicant: | Joseph | T. | | Cantra | ell |
| Street Address: | First Name | Middle Ini | City: Daso | Robles | Last Name Zip: 93446 |
| Mailing Address: | PO Box number | Paso Robles | CA | | 3446 Zip |
| Home Phone: | Cell P | hone | E-mail: | State | Ζtp |
| Employer (if applica | and the second se | 1. | s-Oak Po | 1. | |
| Work Phone: | | Fax:, N/A | <u>E-mail:</u> | N/A | 1 |
| High School Paso | Robles High So | chool Paso | Robles | C | State |
| Other Schools/ Train | ing NJA | | City | | State |
| | GANIZATIONS: GEC Varsity Trac Alternative | | | (creation in or Park em | progress) ployee, |
| ADV | ISORY BODY/CC | MMITTEE/COM | MISSION AF | POINTMEN | тs |
| | | | | From | |
| Previous Previous | | | | From From | |
| ADDITIONAL INFOR | MATION | | | | |
| to this advisory body. | I would like f I mould like f im ready and Sure every v | o be appointed willing to serv | to the Yo | outh Coma | hould be appointed Nission Robles. |

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August 30,201 Date:

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 committee, commission or other advisory body.

Signature

| City of Pa | iso Robles | | | |
|--|-----------------|-----------------|---------------------------|---------|
| APPLICATION FO TO A CITY ADVISORY BODY Name of Advisory Body: Youth Commission | COMMITTEE/ C | IT OMMISSI | SEP 0 | 1 2017 |
| Name of Applicant: Haley J | le Initial | Caes Last Na | tillo | |
| Street Address: | City, 2 | Zip: Paso | Phobles, a | 734/416 |
| Mailing Address: (if different from home) P.O. Number Home Phone: Home Fax: () Retired? Occupation (if applicable) A Employer (if applicable) A Work Phone: () NA Work Fax: () | City E-mail: | State | Zip | |
| EDUCATION & TRAINING High School Paso Phobles High School College | 0 - | grade ent | ERING INTO CA State | 1\ |
| Degrees/MajorsA | City | | State | |
| Other Schools/Training | | | | |
| MEMBERSHIP IN ORGANIZATIONS | | - | | |
| ADVISORY BODY/COMMITTEE/COMMISSION APPOIN Current | | E RM | To | |

| Current | From | То |
|----------|------|----|
| Previous | From | То |
| Previous | From | То |
| Previous | From | То |

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 adupon! |
|--|
| body because I have been apart of the PRHS leddrasis |
| toy two years now and work quite a sit with both |
| the community and school. I have also been a cheerleader |
| toy five years now and an currently apart of the |
| Parts Varsity checklading trans T des was south a |
| 1900 High's 'FFA evoluand for two years and have |
| learned bell avalities that a young adult should posses |
| through everything I have been involved in I take out |
| in many programs) and works haved to represent them well. |

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 COOT III

COMMITTEE NAME YOUTH COMMISION

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

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 Record Date $\frac{\mathcal{E}}{\mathcal{A}}$

Signature /

| If appointed to a City committee, commission or other advisor | wheeler I DO NOT authorize the City | the sector sector is the first sector |
|---|-------------------------------------|---------------------------------------|
| If appointed to a City committee, commission or other advisor | y body, I DO NOT authorize the Cit | to post my contact information on |

| Name of Applicant: Dalexia First Name Middle Initial Street Address: City: fuse Root Mailing Address: PO Box number City: fuse Root Mailing Address: PO Box number City: fuse Root Home Phone: NIA Cell Phone: E-mail: Employer (if applicable) Work Fax: E-mail: Work Phone: Work Fax: E-mail: High School faso Robios faso Kame College City faso | |
|---|---------------------------------|
| First Name Middle Initial Street Address: | TERING INTO: |
| Mailing Address: | Cisneros Last Name |
| (if different from home) PO Box number City State Home Phone: NIA Cell Phone: E-mail: Employer (if applicable) | <u>bles</u> Zip: <u>93946</u> |
| Employer (if applicable) Work Phone: Work Fax: E-mail: EDUCATION AND TRAINING High School Paso Name High School Paso | ate Zip |
| Work Phone: Work Fax:, E-mail: EDUCATION AND TRAINING High School Paso Name | |
| High School Paso Cobles High School Paso | |
| High School Paso Cobles High School Paso | |
| Nume v city | |
| College | CA State |
| Name City | State |
| Other Schools/ Training | Store |
| MEMBERSHIP IN ORGANIZATIONS: The YMCA youth Insti Newswagazire | to te-, Crimson |
| Previous super in kendent advising board From | To 2016 To7017 |
| | To |
| ADDITIONAL INFORMATION Please provide any supplemental information to this application, including the specific reason you b | paliava you should be appointed |
| to this advisory body. I want to join the as commit | |

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08/28 Date:

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 committee, commission or other advisory body.

Signatur

| | POINTMENT | SEP 0 1 2017 |
|---|--|--|
| TO A CITY ADVISORY BODY/COM | | SION |
| Name of Advisory Body: <u>Youth Commission</u> | | |
| Name of Applicant: ELOMA A First Name Middle Initial | Do | ivis |
| Gtreet Address: | _ City, Zip: POS | 0 Pobles 93444 |
| Mailing Address: | 0.0 | ASHUD |
| if different from home) P.O. Number City | State | Zip |
| Home Phone:Home Fax: () | | |
| Retired? Occupation (if applicable) | | |
| Employer (if applicable) | | |
| Vork Phone: () Work Fax: () | E-mail: | and the second s |
| DUCATION & TRAINING | | TERING INTO 11th_ |
| ligh School POISO Robles High School | Dasc Robi | |
| Name J | City | State |
| College | City | State |
| Degrees/Majors | , | · · · · · · · · · · · · · · · · · · · |
| her Schools/Training | | |
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| DVISORY BODY/COMMITTEE/COMMISSION APPOINTMEN | ITS TERM | |
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| revious | From From From | To To To |
| revious | From From From the specific reason you belied | To To To we you should be appointed to |
| revious | From From From the specific reason you belies HE CITY CLERK'S OFFICE | To To we you should be appointed to |
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| revious | From From From From the specific reason you believed the specific reason you believed THE Specific reason you believed From THE Specific reason you believed From HE CITY CLERK'S OFFICE INTERVIEW SCHEDULE V TTEE NAME YOUTH (Y it will be provided to the public up thorize the City to post the follow to a City Web page that has my p Veb site if my contact information (Cell P ber Cell P | To To To we you should be appointed to will SEND WILL |

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| Avg. 31st Der7 | το Α Ο | | APPLICATION FOR APPOINTMENT DVISORY BODY/COMMITTEE/COMMISSION | | | |
|---------------------------|-----------------|---------------------|--|----------------------|--|--|
| Name of Advisory Body: YC | OUTH COMMISSION | | GRADE ENTERING | INTO: | | |
| Name of Applicant: | itherine | A Middle Initial | Dickins | Last Name | | |
| Street Address: | | City: | Bradbey | Zip: <u>43426</u> | | |
| Mailing Address: | PO Box number | City | State | Zip | | |
| Home Phone: | Cell Phone: | | E-mail: | | | |
| Employer (if applicable) | | | | | | |
| Work Phone: | Work Fax: | | E-mail: 🥏 | | | |
| | EDUCATION | AND TRAIN | IING | | | |
| High School Paso R | obles High S | chool Pasi | Robles C | ali Fornice state | | |
| College | | City | 4 | State | | |
| Other Schools/ Training | evartment of | Defense in | tarnship at | Fort HunterLige | | |
| MEMBERSHIP IN ORGANIZA | TIONS: Army Te | in Building | Program, Pr | | | |
| A D V I S O R | Y BODY/COMMITT | EE/COMMISSI | ON APPOINTME | NTS | | |
| Current | | | From | To | | |

City of Paso Robles

SEP 0 1 2017

From _____ To _____ From _____ To _____

| Current | |
|----------|--|
| Previous | |
| Previous | |

ADDITIONAL INFORMATION

DATE RECEIVED:

| Please provide any supplemental information to this application, including the specific reason you believe you should be appointed |
|---|
| to this advisory body. I can other this board a unique perspective due |
| to my military backyround and knowledge of Various cultures and |
| languages. I focus exectly on collaboration and value the diversity |
| OF our community. I hope to envice our community Further by increasing |
| OF our commonity. I hope to enrich our community Further by increasing READ CAREFULLY awareness / tolevance and awaveness of military youth/Furnilies. |

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2011 TELINIT Date:

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Signature

| DATE RECEIVED: TO A CITY | | City of Pas Application for y advisory body/0 | | sioAUG 3 0 2017 |
|---|---|---|-------------------|----------------------------|
| Name of Advisory Bo | dy: YOUTH COMMISSION | | GRADE ENTERIN | |
| Name of Applicant:_ | Arace 11 First Name | G. Middle Initial | | GOME Z |
| Street Address: | | City: | Paso Poble | <u>S</u> zip: <u>93496</u> |
| Mailing Address: | PO Box number | City | State | Zip |
| Home Phone: _ | Cell Phone: | | E-mail: | |
| Employer (if applicat | ple) | | | |
| Work Phone: | Work Fax: | | E-mail: | |
| | EDUCATION | AND TRAI | NING | |
| High School PASO | Pobles High School | Paso R | 20 bles | <u>CA</u> Stote |
| College | na | c | ity | State |
| MEMBERSHIP IN ORC | Maka | A Char | ige club | |
| | ISORY BODY/COMMITT | EE/COMMISS | | ЛЕNTS То |
| | | 200 | | To |
| | | - | | То |
| ADDITIONAL INFORM Please provide any supp to this advisory body Of my comm | olemental information to this applicati エ ドロの エ Can provid | | A . I . I . I . I | and benefit |

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8 Date

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Si

| | of Applicant: Mark | A. | M | actinez |
|--|---|--|--|--|
| . I. | First Name | An I HOUSE I | Last N | ame |
| | Address: | | City, Zip: | 3446 |
| diffe | rent from home) P.O. Number | City | State | Zip |
| ome | Phone: (Hom | ne Fax: (E-i | mail: | GIP. |
| etire | d? Occupation (if applicable) | NYA | | |
| nplo | over (if applicable) W/Y | | | |
| ork | Phone: () N/A World | k Fax: () N/A E-1 | mail: N/A | |
| DUC | ATION & TRAINING | | GRADE ENT | TERING INTO 11+ |
| gh S | School Paso Robles High | 500001 Paso | hobles | LA |
| | eN/A | City | | State |
| | Name | City | | State |
| | es/Majors N/A | | | |
| her S | Schools/Training N/A | | | |
| - | | | | |
| EME | BERSHIP IN ORGANIZATIONS | | | |
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| Date | 8/31/1- |
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| DATE RECEIVED: | TO A CITY | APPLICATION F | aso Robles DR APPOINTMENT //COMMITTEE/COMMIS | SEP 0 1 2017 ssion |
|--|---------------|---------------------|--|--|
| Name of Advisory Body: YOUT | H COMMISSION | | GRADE ENTERI | |
| Name of Applicant: | ٨ | A Middle Initial | | MOSES Last Name |
| Street Address: | | Cit | y: Paso Mob | NCS zip: 93446 |
| LALA | 20 Box number | Citv | State | Zip |
| Home Phone: N/A | Cell Phone | - | ail: | |
| Employer (if applicable) | | | | |
| Work Phone: | Work Fax: | | E-mail: | |
| CollegeA Other Schools/ Training MEMBERSHIP IN ORGANIZATION | N/A | | City | State |
| ADVISORY B Current Previous Previous | | E / C O M M I S | From From | МЕNTS То То То |
| ADDITIONAL INFORMATION Please provide any supplemental info to this advisory body. POINT OF VIRU POINT OF VIRU READ CAREFULLY | it to make | | in the | ve you should be appointed a jouth's community le city. |
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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 infor-

mation on its website if my contact information changes.

Further, if my home address and telephone number are otherwise non-disclosable under the California Pubic 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 mad under the Public Records Act.

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If appointed to a City committee, commission or other advisory body, I DO NOT 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: | | City of Paso Robles Application for appointment dvisory body/committee/commiss | AUG 2 4 |
|---|--------------------------|--|-----------|
| Name of Advisory Body: | YOUTH COMMISSION | GRADE ENTERIN | NG INTO: |
| Hund of Approvide | Josh st Name | Middle Initial | Rames. |
| Street Address: | | city: Pasu Robles | zip: |
| Mailing Address: | PO Box number | City State | Zip |
| Home Phone: | Cell Phone: | <u>E-mail:</u> | _ |
| Employer (if applicable) | | | |
| Work Phone: | Work Fax: | E-mail: | |
| | EDUCATION A | ND TRAINING | |
| High School Paso Ro | bles Highschool | Paso Robles | CA |
| College | | | |
| Name | + init hutter - school | City | State |
| Other Schools/ Training_ MEMBERSHIP IN ORGAN | Trinity Lutheran School, | hermit 15/10 | |
| | | | |
| A D V I S C | DRY BODY/COMMITTEE | COMMISSION APPOINTN | A E N T S |
| Current | | From | To |
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| Previous | | From | То |

| to this advisory body. | I played | Basketball last u | ear and do | volleyballe | I had a 4.5 GIPA | |
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| to them other | kids with | special needs feel | accepted. | 1 | | |

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

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| Date: | 8/23/17 | |
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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 committee, commission or other advisory body.

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| Name of | Applicant: | sate. | | E | | Deupo | | |
| | | First Name | | Middle Initial | | Last Name | | |
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| Date | 500. | 1,2017 |
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City of Paso Robles

DATE RECEIPED:14 2017

Application for Appointment

TO A CITY ADVISORY BODY/ COMMITTEE/ COMMISSION

| Applicant Information | |
|--|--|
| Advisory Body Applying to: YOUTH COMMISSION | Grade Entering Into: |
| Applicant Name: Cori, Southward | |
| Email Address: | Phone |
| Street Address: | |
| City: Paso Robles State: California | ZIP Code: 93446 |
| Mailing Address (if different from home) | |
| City: Pasa Robles State: California | ZIP Code: 03446 |
| Education and Training | The second se |
| High School Sophmore at forso Robles H. | al school |
| College | - 31, - 5 - 5 - 1 |
| Other Schools/Training | |
| MEMBERSHIP IN ORGANIZATIONS: Junior Samprifaris - Acting P | resedent |
| Advisory Body/ Committee/ Commission Appointments | A Line of the second se |
| Current: Dates From: | То: |
| Current: Dates From: | To: |
| Previous: Dates From: | To: |
| Previous: Dates From: | To: |
| Additional Information | |
| Please provide any supplemental information to this application, includ | ling the specific reason you believe you |
| appointed to this advisory body. | |
| I want to use the operanity that | |
| has presented to improve the life of the | youth in paso Robles. |
| READ CAREFULLY | |
| This is a public document. I understand that all information contained within it will be provide committee, commission or other advisory body, I authorize the City to post the following on i controlled by the City may provide links to a City web page that has my personal information contact information on its website if my contact information changes. Further, if my home address and telephone number are otherwise non-disclosable under the Code §6250 et esq.), I understand that by agreeing to the release of the information above, the to a request made under the Public Records Act. | its website. I understand that other websites not on it. I also authorize the City to update my personal California Public Records Act (California Government |
| Date: | |
| If appointed to a City Committee, commission or other advisory body, I <u>DO NOT</u> authorize the to release such information to a third party who may post the information on their website. T all other appropriate places that I serve on a City committee, commission or other advisor Date: $1/1/3/17$ Signature: | e City to post my contact information on its website or Fhe City may, however, disclose on the Internet and in |

APPLICATION DEADLINE: FRIDAY, APRIL 7, 2017 at 5:00 p.m.

| DATE RECEIVED: | το α ςιτγ | City of Pasc APPLICATION FOR A ADVISORY BODY/CO | | SEP 0 1 2017 |
|---|--|---|------------------------------|-------------------------|
| Name of Advisory Body: YOUTH | COMMISSION | | GRADE ENTERIN | G INTO: |
| Name of Applicant: 15abe | | G Middle Initial | Wal | fing |
| Street Address: _ | | City: Y | Paso Robles | Zip: <u>93446</u> |
| Mailing Address: (if different from home) PO | Box number | Templetorn | C A State | 93465 Zip |
| Home Phone | Cell Phone: | | E-mail: | |
| Employer (if applicable) | | | | |
| Work Phone: | Work Fax: | | E-mail: | |
| 11 | EDUCATION | AND TRAIN | IING | |
| College <u>NANAME</u> Other Schools/ Training <u>N/A</u> MEMBERSHIP IN ORGANIZATIONS Crimson News Ma | | | | state - Volumbeer |
| | DDY/COMMITTE | e/commissio | | |
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| Previous | | | | То То |
| ADDITIONAL INFORMATION Please provide any supplemental infor to this advisory body. Throughout | mation to this applicatio | | fic reason you believe | you should be appointed |
| READ CAREFULLY This is a public document. I understand that all If appointed to a City committee, commission o controlled by the City may provide links to a Cit mation on its website if my contact information | or other advisory body, I author ay web page that has my persor | ze the City to post the foll | owing on its website. I unde | |

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29 Date: 8/

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