

CORTEZ YOUTH COMMISSION APPLICATION

ORTEZ Please type or print clearly.		(Please check the term you wish to apply for, you may choose both			
			ummer 2018		2018-2019 School Year
Personal Information:					
Name:					How long have you lived in Cortez?
Home Address:		City:		Zip	
E-mail address:	Date of Birth:		Home/Cell Phon	e:	Work Phone:
Education:	<u> </u>				
What grade are you in & Wha	t high school do you atte	end:			
Community Involvement:					
·	y other appointed positi	ion on a board, co	ommission or comi	mittee, within the	e Community? O Yes O No
If yes, what position:					
Interests/Activities:					
Why do you want to be a	Youth Commissioner?	?			
What issues are importan	t to Youth in the Com	munity?			
Please Give Two References	::				
Name:	Addr	ess:		Phone:	
Name:	Addr	ress:		Phone:	
	•			·	
(Name printed)		(Signature)		(Date)

For Office Use Only

Date Received: ______

Excel Entry Date: _____
Initials: _____

Send completed form to: City of Cortez 123 E. Roger Smith Ave Cortez, CO 81321 pheitzman@cityofcortez.com