



**HUMAN SERVICES COMMISSION YOUTH ADVISOR  
COMMUNITY SERVICE APPLICATION**

Name: \_\_\_\_\_ email: \_\_\_\_\_

Home address: \_\_\_\_\_  
street city state ZIP

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Current school or occupation: \_\_\_\_\_ Grade: \_\_\_\_\_

Why are you interested in serving in this position?

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What other community activities or experience do you bring to this position, including leadership roles?

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Do you have any special skills or expertise applicable to this position?

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The Commission meets the second Monday of every month from 6:30 to 8:30 pm. Are you able to attend regularly?  yes  no

Or return form to: [abien@redmond.gov](mailto:abien@redmond.gov)

Or mail to: Human Services Division 4SPL • PO Box 97010 • Redmond, WA 98073-9710