## Chase Youth Commission Youth Commissioner Application

First Name		Last Name		Date of Birth
Home S	treet Address			
City		State	Zip Code	Grade in Fall 2020
Home Phone		Cell Phone	<u> </u>	Email Address
Facebook/Instagram Nam		ne	High School Name	
How did	l you hear about tl	ne Chase You	ith Commission	?
Please a sheet:	inswer each of the	following qu	uestions in 1-2 p	paragraphs on a separate
1.	What do you hope to gain from being on the Chase Youth Commission?			
2.	What experience have you had that would help you make a contribution to the Commission?			
3.	Please list the activities you are currently involved in, including sports, music, theater, job, etc. Explain how you would fit the Chase Youth Commission meetings and activities into your schedule.			
4.	Why do you believe you should be selected as a member of the Chase Youth Commission?			
availabl	provide two (2) ref			on. Reference forms are rs of age or older and non-
If select activitie underst Commis	es and events. I am and that lack of ac ssion programs. I v	nd scheduled n aware that tive participa will make my	this is a full scho ation greatly din best effort to o	be an active participant in all cool year commitment. I minishes the Chase Youth btain materials from the have missed a meeting.

Date

Signature of Applicant

Please return your completed application packet to the Chase Youth Commission by July 3, 2020.

## Meeting days and times for 2020 - 2021 school year:

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1<sup>st</sup> Tuesday of Each Month 6:00 – 7:30 Spokane City Hall - Tribal Conf. Room 3<sup>rd</sup> Tuesday of Each Month 6:00 – 7:30 Spokane City Hall - Tribal Conf. Room
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Mail completed application and reference forms to:

Chase Youth Foundation Susan Nelson, Executive Director 10 N. Post Street, Suite 649 Spokane, WA 99201

OR

Email to chaseyouthspokane@gmail.com