## **Chase Youth Commission Youth Commissioner Application**

First Name		Last Name		Date of Birth
Home S	treet Address			
City		State	Zip Code	Grade in Fall 2024
Home Phone		Cell Phone	e	Email Address
Instagram Name		High School Name		
How di	d you hear about th	e Chase You	ıth Commission	?
Please a	answer each of the	following qu	ıestions in 1-2 រុ	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?			
availab	provide two (2) refe			on. Reference forms are rs of age or older and non-
If select activitie underst Commis	es and events. I am cand that lack of act ssion programs. I w	d scheduled aware that ive particip vill make my	this is a full sch ation greatly di y best effort to o	be an active participant in all ool year commitment. I minishes the Chase Youth obtain materials from the have missed a meeting.
Signature of Applicant				Date

Please return your completed application packet to the Chase Youth Foundation by May 15, 2024.

## Meeting days and times for 2024 - 2025 school year:

```
1^{st} Tuesday of Each Month 6:00-7:30 Spokane City Hall - Tribal Conf. Room 3^{rd} Tuesday of Each Month 6:00-7:30 Spokane City Hall - Tribal Conf. Room
```

Mail completed application and reference forms to:

Chase Youth Foundation Susan Nelson, Executive Director PO Box 8771 Spokane, WA 99203