

## WHAT NEXT?

Expect to hear from us within three weeks after your application is submitted. We look forward to working with you.

### **Background**

The Airway Heights City Council recognizes that the youth in our community have particular insight and opinions on the issues affecting the youth and the teen population in the community as it relates to programs for youth and teens. The City Council believes having input from young people will be a helpful complement to the decision making process of the City Council. The City Council believes that youth are an important part of the community and their needs and well-being are a legitimate concern of the City of Airway Heights.

### **Membership**

The commission shall be composed of ten members. Two members who attend elementary school; four members who attend middle school; Four members who attend high school. The members of the commission shall be appointed by the City Council. Each commission member must sign the Airway Heights Youth Advisory Commission Code of Ethics prior to assumption of their duties as a Youth Commissioner. All appointments to the commission shall be for a period of two years except for commissioners who are appointed during their senior year in high school; these commissioners shall serve for a period not to extend beyond their graduation date from high school. The term of an appointed commissioner shall be October 1<sup>st</sup> to September 30<sup>th</sup> of each calendar year unless a commissioner is appointed during the mid year to fill a vacancy on the commission.

## **YAC Membership Expectations**

### **TEAMWORK**

Keep in touch with the officers of the commission. If you miss a meeting, it is your responsibility to find out what you missed and complete tasks for which you volunteered. We depend on each other to get things done and have FUN!

### **ATTEND ALL MEETINGS**

Call 244-4845 if you cannot attend a meeting. Meetings will be held once a month for project planning. Meetings times will be determined by the Commission a month in advanced for best times for all members to attend.

### **COMMITMENT**

Each YAC member will make a commitment to work on a project, initiative, or event. YAC members may also participate on short-term additional volunteer opportunities as needs are identified.

Projects and opportunities for involvement include:

- City Council Youth Awards
- Youth Issues Candidates' Forum
- Dropout Prevention Work
- Fundraising
- Youth Empowerment Activities
- Anti-Bullying Initiatives
- Youth Engagement Projects



## **YOUTH ADVISORY COMMISSION APPLICATION**

The Youth Advisory Commission (YAC) is designed to engage youth and utilize their particular insight and opinions on the issues affecting the youth and the teen population in the community as it relates to programs for youth and teens. The Commission will be composed of youth representatives from area schools, YAC will help to:

- A. Provide a structure within city government to respond to the needs of youth and children;
- B. Serve as a voice for all children and youth by understanding, recognizing, and making recommendations to the City Council on issues that promote a safe, healthy, and positive environment for youth and child development; and
- C. Plan and implement activities and programs which promote a positive environment for youth. YAC plans and implements events, initiatives and projects such as the Youth Issues Candidate Forum and the City Council Youth Awards. YAC members gain valuable experience in leadership and opportunities to build their skills in marketing, public relations and public speaking.

# Youth Advisory Commission

## YAC Application

Please Print

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Will you be able to access email? (Please circle one)      Yes      No

Best time to contact me: \_\_\_\_\_ Best way to contact me: \_\_\_\_ Phone \_\_\_\_ Cell \_\_\_\_ E-Mail

Grade and School as of September 2017: \_\_\_\_\_

- **Attach a one-page typed letter describing your activities and interests. Be sure to share your special skills and tell us why you want to be a YAC member.**

I understand that by applying for the Youth Advisory Commission, I am also

- ❖ Agreeing to release, indemnify and hold the City of Airway Heights, its agents, officers and employees harmless from any and all liability claims, actions, judgments, damages, or injuries of every kind and nature whatsoever to me or my property arising from participating in activities of the Teen Advisory Commission.
- ❖ Submitting my name to the Washington State Patrol to complete a child/adult abuse record search.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### **Return Application to:**

Airway Heights Parks & Recreation Department  
Attn: Glen Horton, Parks & Recreation Coordinator  
11405 W Deno Rd  
Airway Heights, WA 99001  
Phone: (509) 244-4845