



CITY OF NORCO APPLICATION FOR NORCO YOUTH ADVISORY COUNCIL



The City of Norco is an equal opportunity employer and prohibits discrimination and harassment on the basis of race, color, sex, age, ancestry, national origin, political or religious affiliation, sexual orientation, marital status, physical or mental disability, medical condition, in the provision of service. The City is committed to making its programs, services and activities accessible to individuals with disabilities. If you require accommodation to participate in this recruitment, please contact the City Clerk prior to the filing deadline. We will attempt to reasonably accommodate applicants with disabilities upon request.

FINGERPRINT/LIVE SCAN BACKGROUND CHECK: All appointments are conditional based on the successful completion of a fingerprint/Live Scan background investigation. Applications must be thoroughly completed and signed. All information on the application is subject to investigation and verification.

Please note that portion of the information provided on this form is subject to public disclosure. In submitting this application for consideration, the applicant agrees to follow the rules and procedures established for the Norco Youth Advisory Council and the City of Norco.

Please type or print

NAME OF APPLICANT(STUDENT) _____ Date: _____

Home Address: _____

Telephone: _____ Email: _____

School attending: Norco High School JFK High School Other _____

- Must be a registered student in 9th to 12th grade; Grade: _____
- Member of the Norco Youth Advisory Council shall not hold any paid office or employment with the City of Norco.
- Have you ever been convicted of a felony? Yes No
- Are you a U.S. Citizen or Lawful Permanent Resident? Yes No
- Or are you in the U.S. on a Student Exchange Program? Yes No

You must submit a letter of recommendation from a teacher or faculty member of your current school, with your application.

Please answer the following: (Please attach additional sheets of paper if necessary.)

COMMUNITY SERVICE: (list organizations, clubs, or similar on which you have or are currently serving)

EMPLOYMENT: (If applicable)

NAME: _____

DATE _____

Briefly explain what in your background, training, education, or interests, qualifies you as an appointee for the Norco Youth Advisory Council:

What do you see as the objectives and goals of the Norco Youth Advisory Council?

How would you help to achieve these objectives and goals?

What specific qualities can you bring to this advisory body?

Signature of Applicant

Date signed

Signature of Parent/Guardian

Date signed

(Read and sign attached Waiver/Hold Harmless Agreement)

WHEN COMPLETED, Submit original to:

**City of Norco
Deputy City Clerk
2870 Clark Avenue
Norco CA 92860**



NAME: _____

DATE: _____

City of Norco
Waiver/Hold Harmless Agreement

I, _____(Print), am applying for consideration for Norco Youth Advisory Council Program. I have been made aware of all the necessary requirements for participation.

In consideration of being appointed to participate in the City of Norco's Youth Advisory Council, and related events and activities, I, the undersigned (or minor child), my heirs, assigns, personal representatives and/or next of kin, hereby agree to indemnify, release and hold harmless, from any and all claims and/or damages to myself, and any and all third parties, including reasonable attorney fees, the City of Norco, its Officers, employees and agents, arising or alleged to have arisen out of my participation in this activity.

During the time I (or minor child) am engaged in the activity, this permission is granted for if I need medical treatment in the opinion of the supervisor or a doctor, I hereby give my permission for such treatment by a qualified medical doctor.

I permit the taking of photographs of myself (or minor child) by the City of Norco during program activities to be used in City publications and/or websites.

I have read this release, Waiver and Hold Harmless Agreement, and fully understand its terms and significance, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

Applicant Signature

Date

Parent/Guardian Signature

Date

Print Name (of Parent/Guardian)

Phone No. for Parent/Guardian

In the event of an emergency, if my parent/guardian cannot be reached, please contact:

Name: _____ Phone: _____

Address: _____ City: _____ State: _____