

**LAKWOOD YOUTH COMMISSION  
MEMBERSHIP APPLICATION  
ADULT**

*Our Mission: To bring the community of Lakewood together to effectively foster successful and well-adjusted youth that are responsible and contributing members of the community.*

**Applicant Information**

**Part 1: Contact Information:**

Date:	No. of years as a Lakewood Resident:
Full Name:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Address:	
Home Phone:	Cell Phone:
Email:	
Parent: <input type="checkbox"/> Yes <input type="checkbox"/> No	No. of Children and Ages:

**Part 2: Optional**

*In an attempt to ensure diverse Youth Commission representation, the following information would be helpful, although answering is optional.*

<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> Hispanic	<input type="checkbox"/> American Indian or Alaskan Eskimo
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Asian or Pacific Islander	
<input type="checkbox"/> Disabled (please note disability _____)			
Age: <input type="checkbox"/> 13 - 17	<input type="checkbox"/> 18 - 25	<input type="checkbox"/> 25 - 40	<input type="checkbox"/> 40- 50
			<input type="checkbox"/> 50+

**Part 3: Employment**

Occupation:	Dates of Service:
Employer:	
Work Address:	
Work Phone:	

**Part 4. Education**

Name of School	Years Attended	Highest Level
_____	_____	_____
_____	_____	_____

**Part 5. Tell Us About Yourself**

Please list community committees on which you have served, beginning with the most recent:		
Name of Committee	Name of Organization	Dates Served
_____	_____	_____
_____	_____	_____

