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CITY OF EL CAJON

TEEN COALITION APPLICATION FORM

APPOINTEES MUST RESIDE WITHIN THE CITY LIMITS OF EL CAJON OR ATTEND A MIDDLE SCHOOL OR HIGH SCHOOL WITHIN THE CITY OF EL CAJON
APPLICATIONS WILL BE ACCEPTED FOR INDIVIDUALS IN GRADES OF 6TH THROUGH 12TH
AND BE UNDER THE AGE OF 19 YEARS OLD AS OF SEPTEMBER 1, 2017.

SUBMIT APPLICATION TO: Recreation Department (5th Floor of City Hall)
200 Civic Center Way El Cajon, CA 92020 or
email slowe@cityofelcajon.us

APPLICATION FILING DEADLINE: October 5, 2017 at 5:00 p.m.

1. Are you a resident of the City of El Cajon? _____

How long have you lived in the City? _____ San Diego County? _____

2. Name _____
(Print Last, First, Middle Initial)

Parent or Legal Guardian's Name: _____
(Print Last, First, Middle Initial)

Residence Address _____
(Number and Street)

(City, State and Zip Code)

Residence Phone # _____ Other Phone # _____

Email Address: _____

Mailing Address _____
(If different from above)

3. **School Attending** _____ **Date of Birth** _____

Grade Attending (*Effective September 1, 2017*) _____

4. **Are you related to any employee of the City of El Cajon** _____

If you need additional space, use the reverse side of this form, or additional paper.

5. **What activities are you presently involved in or enjoy doing?**

6. **Why do you want to be a member of the Teen Coalition?**

7. **What are the critical issues for teens in the community?**

8. **Focusing on one of these critical issues, what can be done to solve the problem?**

9. **What activities or projects would benefit the youth / teens of our community?**

10. **At what time and on what days of the week are you able to meet?**

11. Additional Information about yourself

Signature: _____ **Date** _____

If under the age of 18, then Parent/Guardian Signature is also needed.

Parent/Guardian Signature: _____