



City of Sacramento Announcement of Available Positions on the Sacramento Youth Commission

Applications Due: 04/30/10 at 5:00 p.m. (No Exception)

Postmarks Not Accepted

# of Position(s)	Category	Category Description
2	A-2	Residing or attending school in Council District 2
2	A-4	Residing or attending school in Council District 4
2	A-6	Residing or attending school in Council District 6
2	A-8	Residing or attending school in Council District 8
2	B-1	At-large residing or attending school in Council Districts 2, 4, 6 or 8

Interested persons must file written notice on the City's official application form (attached) with the Sacramento City Clerk at:

**Office of the City Clerk
Historic City Hall
915 I Street, First Floor
Sacramento, CA 95814**

Additional Requirements:

Compensation	\$50.00 per month
City Residency Required	City residency <u>or</u> attending school within City limits
Other Requirements	Yes – Must be between the ages of 14 and 19. Council members or their family members shall not be eligible.
Conflict of Interest Statement Required	No
<u>Local</u> Ethics Training Certificate Required	Yes – Upon appointment

IMPORTANT

Letters of recommendation are optional. If you choose to include a letter it must be submitted as part of this application. Letters will not be accepted after your application is filed with the City Clerk's Office.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

The City of Sacramento encourages applications from all persons regardless of race, color, religion, sex, age, national origin, ancestry, physical or mental disability, sexual orientation, medical condition, pregnancy-related conditions, or marital status unrelated to job requirements, and does not discriminate in its selection of individuals to serve on boards and commissions. Anyone who believes they have been discriminated against may contact the Equal Opportunity Manager at: Human Resources Department, Equal Opportunity Division, 915 I Street, New City Hall, 4th Floor, Sacramento, CA 95814, (916) 808-5270.

Further information may be obtained by calling the City Clerk's Office at (916) 808-7200.

SACRAMENTO YOUTH COMMISSION

CONTACT: Christina DeMoss-Giffin, Youth Resource Coordinator CDemoss@cityofsacramento.org
Office of Youth Development
915 I Street, 5th Floor, New City Hall
Sacramento, CA 95814

Telephone: 808-6111 Mail Code: 09200

APPOINTMENT: Twenty-two (22) members appointed by the Mayor and confirmed by the City Council as follows:

- A. Sixteen (16) members representing council districts and nominated by the respective Councilmember:
1. Two (2) District 1
 2. Two (2) District 2
 3. Two (2) District 3
 4. Two (2) District 4
 5. Two (2) District 5
 6. Two (2) District 6
 7. Two (2) District 7
 8. Two (2) District 8
- B. Six (6) members from the community at-large:
1. Two (2) at-large from districts 2, 4, 6 or 8
 2. Four (4) at-large from districts 1, 3, 5 or 7

Applicants shall be between the ages of 14 and 19 and a resident or student in the City of Sacramento at time of appointment. City council members or their family members shall not be eligible for appointment.

TERM: Two (2) year term. Two term limit applies. Terms for districts 2, 4, 6, 8 and the two at-large positions shall commence on June 1st of each even numbered year. Terms for districts 1, 3, 5, 7 and the four at-large members shall commence on June 1st of each odd-numbered year.

MEETING INFO: Meets on the 1st, 2nd & 3rd Mondays of the month at 6:00 p.m. in the Hearing Room, Historic City Hall, 915 I Street, 2nd Floor.

COMPENSATION: \$50.00 per month.

POWERS & DUTIES: The powers and duties of this board include:

To advise the City Council on issues affecting youth in the Sacramento area.

Resolution 2001-023 (by-laws attached); 97-129; 93-320; 94-043
City Residency Or School Attendance Within The City Limits Is Required
Conflict of Interest Statement Is Not Required

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Rev. 11/25/08



City Of Sacramento

Application for Appointment to the Sacramento City Youth Commission

INSTRUCTIONS: Provide **all** information requested; use black ink; any attachments must be single sided on 8.5 x 11 paper. **IMPORTANT:** Letters of recommendation are optional. If you choose to include a letter, it must be submitted as part of this application. Letters will not be accepted after your application is filed with the City Clerk's Office. For further information please call (916) 808-7200. **Note: All information provided on this form is public record.** Answer **all** questions and return completed application to: **Office of the City Clerk, Historic City Hall, 915 I Street – First Floor, Sacramento, CA 95814.**

CATEGORY FOR WHICH YOU ARE APPLYING: _____

Applicant Name: _____

Home Address: _____

Mailing Address (If different than home address):

Telephone Number: _____
(Home) (Alternate)

Email Address: _____

City Council District in which you reside: _____

City Council District in which you attend school: _____

Name and Address of school you attend: _____

Do you, or an immediate family member, have any relationship (professional, financial, other) that may represent a potential conflict of interest for this advisory group? (Please Circle) Yes No

If yes, please explain:

City Code Chapter 2.40, Section: Article II. Attendance, states board/commission members are required to attend meetings on a regular basis. If appointed, will you be able to attend meetings regularly and devote the time necessary to fulfill your duties as a member? (Please Circle) Yes No

Background Information: You may also attach a resume reflecting experience, community activities or other qualifications not listed below that would be helpful to the Council in evaluating your application.

Have you ever served on an advisory group before? (Please Circle) Yes No

If yes, please explain:

Please state the reason you would like to be a member of this commission:

What do you feel are the issues most greatly affecting youth in your area?

What youth related improvements do you recommend?

I DECLARE, UNDER PENALTY OF PERJURY, THAT ALL STATEMENTS IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEGDE:

Signature: _____

Date: _____

Please identify any specialized accommodations you will need for equal participation:

The following information is voluntary and is gathered in accordance with State and Federal laws for the purpose of evaluating the effectiveness of our Affirmative Action and recruitment efforts.

Please circle: Male / Female

Mark the applicable box:

- American Indian or Alaskan Native Persons having origins in any of the original peoples of North America and South America (including Central America) and who maintain tribal affiliation or community attachment.
- Asian Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent (this includes Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam).
- Black Persons having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander Persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Hispanic or Latino Persons of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin regardless of race. This does not include persons who acquire a Spanish surname.
- White Persons having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Two or More races All persons who identify with more than one of the above six races.
- Other
- Decline to answer