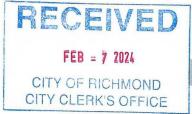
PRINT FORM

Date of Application:





New Appointment:

CLEAR FORM

Richmond Youth Council Application Check one:

02/05/2024			Re-Appointment:		
E-mail address:					
Date of Birth:	03/26/2007	Age at date of application: 16		Years living in Richmond:	16
Home Address	(Street Address, City, and	Zip Code):		I	
Primary Phone: S.			Secondary Phone (optional):		
Name of Schoo	l (if applicable):				
Work Experien	ce / Volunteer Experience	e:			
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3)			WARE IN THE STATE OF THE STATE		
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Submit to: City	/ Clerk, 450 Civic Center P	Plaza, Richmon	d, CA 94804 OR Email	l to: CityClerkDept@ci.richr	mond.ca
	ice Use Only: New Appointment] 1st □ 2 nd □ 3rd	