PRINT FORM



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Richmond Youth Council Application

Date of Application: 3/28/24		Check one: New Appointment:		
E-mail address:				
Date of Birth:	Age at date of application: 17 Years living in Richmond: 10			10
Home Address (Street Address, City, and	Zip Code):	-		
	CA 94804	Ļ		
Primary Phone:	Secondary Phone (optional):			
Name of School (if applicable): Richmond High School	J.			
Interned at Supervisor John Gioia's Volunteered at Richmond's Thrive T Volunteered at El Cerrito's Relay for Interned at The Global Warriors Sun	hursday even Life event, Co	errito Vista Park	ng Jr. Park	
Organizations, Honors, affiliations:	hararah I am			
Center for Youth Development t Re-Imagine Richmond	nrougn Law			
Rich City Rides				
References (List Name, Address, Phone	Number, and E	mail Address):		
1)robert.rogers@bos.ccco				
2) schiff@youthlawworks.c			Andre Carlotte and the	
3) amooney@wccusd.net				
To the best of my knowledge the information of the best of	• • • • • • • • • • • • • • • • • • • •		te: 3/28/24	
Submit to: City Clerk, 450 Civic Center P	laza, Richmond	I, CA 94804 OR Email	to: CityClerkDept@ci.richn	nond.ca.u
For Office Use Only: New Appointment	□ Reap	pointment:	1st □ 2 nd □ 3rd	