



COUNTY *of* VENTURA

Office of Supervisor Vianey Lopez

District 5 Youth Advisory Council Application

The District 5 Youth Advisory Council is a group of 10 to 15 Youth Commissioners selected by County Supervisor Vianey Lopez. The Youth Advisory Council will advise Supervisor Lopez on local issues in Supervisorial District 5 and will offer an opportunity for youth to get involved locally. The term for commissioners will be one year with the possibility for an extension if you reapply. This is a voluntary commission, and the meetings will take place on the 3rd Monday of the month from 5:00pm to 6:30pm unless otherwise noted. A District 5 staff member will assist the council with scheduling and clerical tasks.

To be considered for this commission, you must complete the application below, a photo release form and if applicable, a parental consent & waiver form.

If you have questions about the commission or the application, you may contact the District 5 office at district5@ventura.org or at 805-654-2613. Please email your complete application and attachments to: district5@ventura.org with the subject line: 'First Name, Last Name-YC Application' if you decided to submit your application via email.

1. First and Last Name?

2. What are your Pronouns?

3. How old are you?

4. Do you live, work, or go to school in District? Type address here to confirm:
<https://vcportal.ventura.org/COV/redistricting/VenturaCountyFinalPlan5.html>

- Yes
- No

4b. If 'yes' please explain?

5. Email Address

6. Phone Number

7. Please select your most recent education experience

- Certificate Program (online or in-person)
- College or University
- High School Diploma or GED
- Military
- Trade School
- N/A
- Other

8. What grade are you in?

9. What are your fields of interests?

- Education
- Housing
- Homelessness
- Environment
- Public safety
- Healthcare
- Mental Health
- Transportation
- Agriculture

10. Why would you like to become a Youth Council Commissioner?

11. What motivates you to get up every morning?

12. What do you like to do for fun?

13. As this position will be an appointment by the District 5 Supervisor, you will be serving the Supervisor’s office in an official capacity at the discretion of the Supervisor. This is a voluntary position, and no compensation is included. Please acknowledge below that you both understand and agree to this statement.

- I understand and agree to the above statement.
- I do not understand and/or agree to the above statement.



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District 5 Youth Advisory Council Parental Consent & Waiver Claims

I hereby authorize my child, [name] _____

to participate in the District 5 Youth Advisory Council program activities. My child is currently in good physical and medical condition. In the event that my child becomes ill or injured, he or she may receive First Aid.

In case of emergency, my child may be admitted to a hospital. I agree to hold harmless the County of Ventura, its officers, agents, and employees for medical aid rendered. I will also reimburse the County of Ventura for medical or other expenses incurred for medical aid on behalf of my child.

I understand and acknowledge that the County of Ventura does not provide medical insurance for the District 5 Youth Advisory Council activity participants. I hereby release the County of Ventura, its officers, agents, and employees from all liability, demands or claims from any loss, damage or injury resulting from participation in the District 5 Youth Advisory Council, and do hereby give consent for my child to receive emergency treatment.

Date: _____
_____ *Signature of Parent or Guardian*

Printed Name: _____

Address: _____

City: _____ Zip Code: _____

Cell phone: _____ Work phone: _____

CHILD'S MEDICAL INFORMATION

Doctor _____ Phone: _____

Existing Medical Conditions: _____

Allergic To: _____

Special Needs: _____



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District 5 Youth Advisory Council Photo Release Form

I hereby give the County of Ventura and the District 5 Youth Advisory Council permission to use my name, statement, photograph, and likeness for promotional, advertising and media purposes. My picture may be used alone, as a member of a group, in a composite or in such other manner as will most favorably serve to promote and advertise the District 5 Youth Advisory Council. My picture may be used with or without my name supporting the District 5 Youth Advisory Council. I agree there will be no compensation to me for the use of my image now or in the future.

Please print:

Date

Name

Signature

Address (Street, City, Zip Code)

Legal Guardian Name (if under 18 years of age)

Legal Guardian's Signature (if under 18 years of age)