



City of Monrovia **YOUTH COMMISSION APPLICATION 2019-2020**

Thank you for your interest in Youth Commission! Youth Commission works in conjunction with the City of Monrovia Community Services Commission, and other affiliated groups, for the benefit of the Community and our youth.

In order to serve as a Youth Commission the following requirements must be met:

1. Must be a resident of Monrovia, or attend a school in the Monrovia Unified School District and currently enrolled in grade 6th – 12th.
2. Must attend Youth Commission Meetings and activities which will require a minimum of five (5) hours per month.
3. Over the course of the school year, Youth Commissioners must volunteer a minimum of 40 hours at Monrovia events.
4. Special event assistance throughout the year.

Completed application should include:

1. Completed application
2. Youth Commission Participation Contract signed by applicant and parent/guardian of the applicant
3. City Waiver signed by applicant and parent/guardian of the applicant

A parent/legal guardian orientation night will be held prior to the start of the Youth Commission Program at the Monrovia Community Center on Tuesday, September 24th at 5:30 p.m.

For more information about Youth Commission, please call the Monrovia Community Center at (626) 256-8246.

Youth Commission Meetings are held on the following Tuesdays for the 2019-20 school year:

- September 24, 2019 at 4:30 p.m.
- October 15, 2019 at 4:30 p.m.
- November 19, 2019 at 4:30 p.m.
- December 17, 2019 at 4:30 p.m.
- January 21, 2020 at 4:30 p.m.
- February 18, 2020 at 4:30 p.m.
- March 17, 20120 at 4:30 p.m.
- April 21, 2020 at 4:30 p.m.
- May 19, 2020 at 4:30 p.m.



City of Monrovia

2019-2020 YOUTH COMMISSION/PARENT ORIENTATION NIGHT

September 24, 2019 at 5:30pm at the Monrovia Community Center

- 1. Introductions**
- 2. Youth Commission Requirements**
- 3. Youth Commission Dress Code**
- 4. Assisting at City Events**
- 5. Attendance**
- 6. Youth Commission Board Positions**
- 7. Questions**



**City of Monrovia
YOUTH COMMISSION APPLICATION 2019-2020**

Name		Date of Birth	
Address		City	Zip
Phone #	School	Grade	
Email Address			
In case of emergency please notify the following:			
Name		Address	
Relationship		Phone #	
Are you able to attend monthly Youth Commission meetings held every third Tuesday of the month? Circle one: Yes No			
List any groups or organizations you belong to or have assisted with:			
List any experience you may have which could help Youth Commission plan and organize events:			
List two ideas you have and why you would like to be on Youth Commission:			
References: Please provide us with the names & phone numbers of two references (may include relatives or teachers)			
Reference 1:	Name:	Phone #:	
Reference 2:	Name:	Phone #:	

Return Application to the Monrovia Community Center, 119 W. Palm Avenue



City of Monrovia
YOUTH COMMISSION PARTICIPATION CONTRACT

SPECIAL EVENTS- Scheduling will vary based on the size of the event. You must be available to volunteer if scheduled

All Youth Commission members are required to complete the following tasks:

- Attend monthly Youth Commission meetings: 3rd Tuesday of the month, 4:30 p.m. (2 excused absences will be allowed).
- Attend one Monrovia Community Services Commission Meeting: 2nd Tuesday of the month, 7:00 p.m.

We Need Your Help!
Youth Sports: September 2019 – April 2020
Monrovia Association of Fine Arts Event: October 5-6, 2020
Make a Difference Day: October 26, 2019
Trick-Or-Treat & Halloween Bash: October 31, 2019
Holiday Parade & Tree Lighting Ceremony: December 5, 2019
Holiday Home Decorating Contest: December 16, 2019
Black History Month Events: February 2020
State of the City: February 2020
Spring Egg Hunt & Heathy Kids Day: April 11, 2020
Arbor Day: April 23, 2020
MOHPG 37 th Annual Historic Homes Tour: May 2020
Fountain to the Falls: May 9, 2020
Monrovia Days: May 15-17, 2020 (1 day)

I understand the responsibilities related to serving as a Youth Commissioner and will adhere to the above requirements.

 Applicant Name (Print)

 Applicant Signature

 Date

 Parent/Guardian Name (Print)

 Parent/Guardian Signature

 Date

Return Application to the Monrovia Community Center, 119 W. Palm Avenue



**CITY OF MONROVIA
WAIVER RELEASE AND INDEMNITY AGREEMENT**

Print Applicant Name Birthdate Age Date

Print Parent/Guardian Name Daytime Phone Number Evening Phone Number

Street Address City State Zip Code

Email Address

Medical Insurance Company Name Policy Number Allergies

Physicians Name Address Phone Number

Emergency Contact #1/Relationship Phone Number

Emergency Contact #2/Relationship Phone Number

I, the undersigned, in consideration of being allowed to participate in this activity, and intending to be legally bound for myself, my heirs, executor and administrators, do hereby release and discharge the City of Monrovia and their respective officers, directors, employees, volunteers, partners and contractors, jointly and severally, from any and all liability from personal injury, accident, illness, death, property damage or other occurrence which I may suffer in any manner whatsoever arising out of or resulting from my participation in the above mentioned program/class(es), and I expressly assume ALL risks of my participation in this activity, including, without limitation, injury as a result of the acts of omission of the above parties or some defect in or on their property of any of them, whether caused by negligence of otherwise, except for illness and injury resulting directly from solely gross negligence of willful misconduct on the part of the City or its employees and I agree to indemnify, save, hold harmless and defend each and every of the above parties of and from any and all loss, damages, expenses, costs, and attorney's fees arising out of or resulting from my participation in this activity. I am participating at my own risk. I certify that I have read and understand this waiver and release. Participants involved in the City of Monrovia's Community Services programs/classes may be photographed and such photographs may be used to publicize City programs/classes without compensation and without further permission.

EMERGENCY RELEASE

I hereby authorize City of Monrovia's Community Services to call an emergency ambulance in case of accident or acute illness and to arrange for necessary emergency medical or surgical care in case I am not immediately available. It is also understood that a conscientious effort will be made to notify me or the person designated before such action will be taken. I also agree to accept responsibility for the cost of the above medical services.

Please Sign:

SIGNATURE of Parent/ Legal Guardian _____ **Date** _____

City of Monrovia
119 W. Palm Ave., Monrovia, CA 91016 (626) 256-8246