



YOUTH LEADERS OF MENIFEE

Application Form



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Application Instructions: Complete the following application in its entirety and email it to Michael Rinehart at mrinehart@cityofmeniffee.us

Eligibility & Requirements

Applicants must meet ALL of the following requirements:

- Be a High School Student
- Live and/or attend school in the City of Meniffee
- Be available to meet on the 2nd and 4th Tuesday of each month at 5:30pm
- Be available to volunteer on Special Projects and City Events
- Have a positive attitude and a desire to make a positive difference in the community!

General Information

Name: _____

Phone: (____) _____ E-Mail: _____

Address: _____ City: _____ Zip: _____

Current School Year: _____ Grade: _____

School: _____

Employer (if any): _____ Job Title: _____

Emergency Contact Name: _____ Relation: _____

Phone: (____) _____ E-Mail: _____

Officer Positions

Are you interested in running for a Youth Leaders of Meniffee Officer Position?

- Officer Positions appointed each September and the term runs through May
- If applying for an officer position, application is due the last Friday of August.
- Interviews will take place during the first full week of September.

- No Yes (Check all that apply below)
- Green Team Lead Youth Mentor Lead Teen Mentor Lead

References

Please list three (3) personal or professional references:

1. Name: _____ Phone: _____

Relationship: _____ Number of years known: _____

2. Name: _____ Phone: _____

Relationship: _____ Number of years known: _____

3. Name: _____ Phone: _____

Relationship: _____ Number of years known: _____

Interest in Joining the Youth Leaders of Menifee

Why do you want to be a member of the Youth Leaders of Menifee?

List any extra-curricular (School Clubs/Sports), volunteering, and employment experience you have?

What are you passionate about and why?

I understand that any or all information on this form may be verified. I further understand that this document may be considered a public document.

I CERTIFY THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT.

Signature: _____ Date: _____

**Return to Michael Rinehart
mrinehart@cityofmenifee.us
Phone: (951) 679-8092**

FOR CITY USE ONLY (DO NOT WRITE)

Received On: _____ Received by: _____

