

# Teen Advisory Committee Application City of El Segundo Teen Center

(310)524-2718 | dzamora@elsegundo.org

The Teen Advisory Committee needs YOU! Have a say in what you and your peers would like to see happen in the City for teens. TAC members meet monthly to identify teen needs, suggest creative solutions, work with City officials, and assist with special events. If you are in 7<sup>th</sup>-12<sup>th</sup> grade and are an El Segundo resident or enrolled in the El Segundo Unified School District apply today to make a difference in your community.

## Application Deadline: Sunday, July 14, 2024 at 5:00pm

#### **TAC Members:**

- Earn community service hours
- May obtain a reference or recommendation letter for jobs and/or college applications
- Receive a free Teen Advisory Committee T-shirt
- Work with an accepting and motivating team of other teens and City employees

### Requirements to apply:

- Must be an El Segundo resident or ESUSD student in 7<sup>th</sup>-12<sup>th</sup> grade
- Fill out the Teen Advisory Committee application along with answers to the short supplemental questions attached. (See supplemental questions 1-5)
- The top 25 applications will be selected for interviews

#### **Additional Information:**

- Committee member term begins August 5, 2024 through June 5, 2025
- Meetings are held the 1<sup>st</sup> Monday of each month from 4-5pm, unless a holiday.
- On average, at one TAC event or activity will be hosted bimonthly from August through June. TAC events will be proposed, planned, and hosted by the TAC members.
- Attendance and participation is required at all TAC meetings, events and excursions.
  Members cannot miss more than five official TAC meetings/events throughout each term to remain in good standing.
- Additional volunteer opportunities may be available.

**Questions?** Please contact Devon Zamora at dzamora@elsegundo.org or (310)524-2718.



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Complete and return this application by <u>July 14, 2024</u> at 5pm. *See specific additional requirements on page 1.* 

Name:	Age:	
Parent/Guardian Name:		
Address:	City:	Zip Code:
Address:Cell Number:	Parent/Guardia	n Cell:
Grade as of June 2024:		
Applicant's Email:		
Parent's Email:		
Supplemental Questions		
Please respond to the suppleme	ental questions in A	rial or Times New Roman 12 pt
font on two pages or less. Pleas	e attach responses i	to this application.
Representative.		ne a Teen Advisory Committee
2. What activities or practic	•	
3. What program or activity		_
4. What strengths could you		
	ovide for our comm	n Advisory Committee could unity? How would you promote
Applicant Signature:		
Parent/Guardian Signature:		