



2. List up to five clubs, organizations, or sports programs in which you have participated during the last two years.

Name of school club/organization/sport	When involved	Role in the activity
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____

3. What do you see as the role of youth in our community, and how would you like that to change in the future?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. List any special recognition or honors for academic, school, religious, or community related activities you have received over the last two years.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. What are the three most important issues to you, your friends, and family concerning your neighborhood/community/city?

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

6. Describe a time when your actions positively affected a person, your school, or your community.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. What knowledge, leadership skills and abilities do you possess which you feel makes you a good candidate for a position on the Youth Advisory Board?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Why do you want to serve on the City's Youth Advisory Board? (Please be specific)

\_\_\_\_\_  
\_\_\_\_\_

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9. The youth advisory board is an official city board that meets the 4<sup>th</sup> Wednesday of every month at 5:30pm. Students must be committed to attending the monthly meetings as scheduled:

- August 27, 2025
- September 24, 2025
- October 22, 2025
- November 19, 2025\*
- December 17, 2025\*
- January 28, 2026
- February 25, 2026
- March 18, 2026\*
- April 22, 2026
- May 27, 2026

\*Date adjusted to accommodate holidays/Spring Break.

Are you willing to attend Youth Advisory Board Meetings as scheduled?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

10. Please provide two references. Please see pages 6 and 7 of this application for reference information.

Reference #1	Reference #2
Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
Daytime Phone: _____	Daytime Phone: _____

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**PARENTAL/GUARDIAN CONSENT REQUIRED**

I give permission for \_\_\_\_\_ to apply for the City of Pembroke Pines Youth Advisory Board (the “Board”). If selected, I will support them in attending meetings and functions related to the Board. I also understand and acknowledge that members of the Board are subject to Sec. 286.011, F.S. (the “Sunshine Law”), including the civil and criminal penalties set forth in that section, and that all applicants selected for the Youth Advisory Board will receive Sunshine Law training.

\_\_\_\_\_  
Signature of Parent or Guardian  
Phone number: \_\_\_\_\_  
Email: \_\_\_\_\_

\_\_\_\_\_  
Date

I understand that if I am selected as a member of the City of Pembroke Pines Youth Advisory Board, I will need to attend Youth Advisory Board Meetings as scheduled and participate in a manner that brings honor and respect to the citizens of Pembroke Pines.

**I hereby certify that all statements made in this application are true and complete.**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

**Reference #1**  
City of Pembroke Pines Youth Advisory Board

When completed and filed with the City Clerk's Office, this Youth Advisory Board Application becomes a PUBLIC RECORD under Chapter 119, Florida Statutes, and, therefore, is open to public inspection by any person. Applications will be retained in accordance with State Records Retention Laws.

- Youth Advisory Board Applicant: Two references must be completed by non-relatives.
- Reference: Please include the following information about yourself so that we may contact you if necessary.

Youth Advisory Board Applicant's Name: \_\_\_\_\_

Reference's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

1. How long have you known the applicant? \_\_\_\_\_

2. What is your relationship to the applicant? \_\_\_\_\_

3. Is the applicant dependable? \_\_\_\_\_

4. Why would you recommend the application for this position?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Reference #2**  
City of Pembroke Pines Youth Advisory Board

When completed and filed with the City Clerk's Office, this Youth Advisory Board Application becomes a PUBLIC RECORD under Chapter 119, Florida Statutes, and, therefore, is open to public inspection by any person. Applications will be retained in accordance with State Records Retention Laws.

- Youth Advisory Board Applicant: Two references must be completed by non-relatives.
- Reference: Please include the following information about yourself so that we may contact you if necessary.

Youth Advisory Board Applicant's Name: \_\_\_\_\_

Reference's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

1. How long have you known the applicant? \_\_\_\_\_

2. What is your relationship to the applicant? \_\_\_\_\_

3. Is the applicant dependable? \_\_\_\_\_

4. Why would you recommend the application for this position?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_