



# City of Crystal Lake Youth Commission Application

## Applicant Information

Name \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (Zip)

Telephone (Home): \_\_\_\_\_ Telephone (Work): \_\_\_\_\_

e-mail: \_\_\_\_\_

Please select the option or options below that apply to you.

Crystal Lake Resident. Please provide the number of years living in Crystal Lake: \_\_\_\_\_

Attending School in Crystal Lake. Please provide the name of the school: \_\_\_\_\_

Please describe your *training* and *education* that would make you an asset to this Commission.

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Please describe your *experience* that would make you an asset to this Commission.

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Please describe why you are interested in serving on this Commission.

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Please attach three references and/or teacher recommendation(s).

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions or misrepresentations are discovered, my application may be rejected and, if I am selected on this Commission, my Commission membership may be terminated.

Signed: \_\_\_\_\_

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

Please submit your completed application via email to Nick Hammonds, Deputy City Manager, at [nhammonds@crystallake.org](mailto:nhammonds@crystallake.org).