



CITY OF KIRKLAND
YOUTH APPLICATION: *Parking Advisory Board*

Please print or type:

Name _____

Date _____

Address _____

Phone - Home _____

Phone - Cell _____

Email _____

Grade Level _____ Age _____ School Attending _____

List Committees, Clubs, & Organizations you participate in or belong to (both in school and outside of school): _____

Describe any work/job experiences: _____

Describe any volunteer activities you have had or are currently involved with: _____

Please note any particular experience with parking issues: _____

Why are you seeking a position on this /Board? _____

Signature

Return form to: City Clerk, City of Kirkland, 123 Fifth Avenue, Kirkland, WA 98033