



# APPLICATION FOR YOUTH ADVISORY COMMITTEE

## VILLAGE OF DOLTON

You are being considered for a position as a representative on the Village of Dolton Youth Advisory Committee. Please complete and submit this questionnaire as part of the application and selection process for the Advisory Committee. The Village of Dolton will use this information to perform a due diligence review associated with your application and possible selection as a representative on the Advisory Committee. The Village of Dolton will use the information you provide ONLY for the purpose, or as outlined under the attached Privacy Act Statement. Please ensure that the information you provide is complete and accurate. The Village of Dolton firmly values diversity of age, race and ethnic heritage, gender and differing abilities in order to represent a wide variety of Dolton households. Selection for the position will be made without regard to race, color, religion, sex, national origin, ancestry, age, sexual orientation, marital or parental status, or physical disability. The Village will not deny equality of opportunity to any qualified individual who is able, with or without reasonable accommodation, to perform the essential functions of the Advisory Committee position for which he or she applies.

**\*To submit the application, you should either email this application form to [suggestionsformayor@vodolton.org](mailto:suggestionsformayor@vodolton.org), or mail or deliver to 14122 Dr. Martin Luther King Jr. Drive, Dolton, Illinois 60419.**

### Basic Information

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_  
Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Preferred phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Email \_\_\_\_\_  
How long have you been a resident of Village of Dolton? \_\_\_\_\_  
Profession \_\_\_\_\_ Education Level \_\_\_\_\_  
School \_\_\_\_\_ Age (must be over 15 and not over 20) \_\_\_\_\_

### General Questions

**Please provide a brief response to the following questions:**

1) Why do you want to become a member of the Youth Advisory Committee? What do you hope to contribute by serving on the Youth Advisory Committee?

---

---

---

---

---

---

---

---



**APPLICATION FOR YOUTH ADVISORY COMMITTEE  
VILLAGE OF DOLTON**

2) What is your biggest concern about Dolton? What types of issues and/or policies or programs would you like the Village of Dolton to address for the Youth a Dolton program?

---

---

---

3) Please describe any civic/volunteer experience, including the group, the position, and the year(s) of your experience. (Please prioritize activities within the past 5 years)

---

---

---

---

4) Please describe your hobbies, interests, qualifications, or any experience relevant to serving in this position.

---

---

---

---

Optional: Is there anything unfavorable in your past that you would like to voluntarily share with the Village? (Information shared here will be used for informational purposes only)

---

---

Optional: Please list education experiences or any abilities or skills not mentioned above.

---

---

---

Optional: Accessibility Information - If you have special needs related to a disability and need special accommodation in order to participate fully in the Youth Advisory Committee, we welcome your application. Please describe any special assistance needed:



**APPLICATION FOR YOUTH ADVISORY COMMITTEE  
VILLAGE OF DOLTON**

---

---

---

I hereby certify and affirm that all the information contained in this application is true, complete and correct. I understand that false or misleading statements or the omission of important information made on this application or any time during the process may disqualify me from volunteer work with the Village of Dolton.

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