



City of Southlake
Application for Appointment

APPLICATION FOR APPOINTMENT TO: Southlake Youth Action Commission (S.Y.A.C)
(insert name of board, commission or committee)*

**Use a separate application for each appointment desired.*

Name _____ Birth Date ____/____/____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell phone _____

Email _____ Years in City _____

School _____ Grade _____

What other activities are you involved with through the City of Southlake or at school?

Reason(s) for desiring to serve on this board, commission, or committee, and your opinion as to the purpose, goals, and duties:

Qualifications and experience that would assist you in serving in this position:

Do you understand and agree that your regular attendance and active support are required as an appointee and that noncompliance could result in you being unable to enjoy some of the activities?

Additional information or comments:

Emergency Treatment Release: In the event I cannot be contacted to make arrangements for emergency medical treatment, I authorize the person in charge to seek and obtain emergency medical treatment for my child. I also authorize transportation to the nearest medical facility in the event it should become necessary.

Liability Waiver: I certify that I understand any dangers inherent to my son's/daughter's participation in this activity/activities and further state he/she is physically sound enough to participate. I hereby relieve the City of Southlake, its employees and agents of all liability that occurs by his/her participation in SYAC.

Furthermore, I understand the City of Southlake may use photographs of participants for promotion.

Please return this completed form by mail, fax or email. You may mail form to S.Y.A.C., 400 N. White Chapel Blvd., Southlake, TX 76092, fax to (817) 748-8027 or email to syac@ci.southlake.tx.us. Applications are kept on file for one (1) year. After that time it will be necessary to reapply and update the information herein if you wish to continue to be considered for appointment.

Signature of S.Y.A.C. applicant _____ Date _____

Signature of Parent _____ Date _____

EMERGENCY CONTACT INFORMATION	
Parent emergency contact information:	Name _____
	Home _____
	Work _____
	Cell _____
Additional Emergency Contact:	Name _____
	Relationship _____
	Home _____
	Cell _____