

**APPLICATION FOR APPOINTMENT AS  
A YOUTH MEMBER TO THE HDG YOUTH COMMISSION  
410-939-1800**

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Youth Member, Havre de Grace Youth Commission:

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_ **Grade/ Year:** \_\_\_\_\_

**School/ College:** \_\_\_\_\_

**Residency History:** \_\_\_\_\_

**Community Service and Volunteerism Background:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Special Interests** (sports, art, music etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Personal Observations/Comments** (what you can add or would like to see in the city):

\_\_\_\_\_

\_\_\_\_\_

**Committee/Commission/Board Sponsor** (elected official, sitting Commission member, member of the Administration, etc.): \_\_\_\_\_

\_\_\_\_\_

**The Youth Member must submit three endorsement letters with signatures from adults who are not a relative (e.g. a teacher, school staff person, elected official, coach, employer, member of a community organization etc.)**

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**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Relationship to Applicant:** \_\_\_\_\_

\*Please attach letter of recommendation to application

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Relationship to Applicant:** \_\_\_\_\_

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**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Relationship to Applicant:** \_\_\_\_\_

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Please complete form and return (with letters) to:

Office of the Mayor

(Attention: Mrs. Resa Laird)

Havre de Grace City Hall

711 Pennington Avenue

Havre de Grace, MD 21078

[resal@havredegracemd.com](mailto:resal@havredegracemd.com)