



**Pecos Youth Advisory Commission
Application**

Please Type or Print with Blue or Black Ink

Name: _____ **Address:** _____

Phone: () _____ **Enrolled In PBTISD** __ Yes __ No **Campus:** _____

Grade Level: _____ **Employed:** __ Yes __ No **If Yes, Where Are You Employed?** _____

Why do you want to be a part of this Commission: _____

What are some ideas and goals for this community: _____

How do you feel you could contribute to the Commission: _____

Other organizations/clubs that you are currently a member of: _____

Student Signature _____

Parent Signature _____

**Please Return to Campus Front Office or
Town of Pecos City Hall
115 W. 3rd Street
If Any Questions Please Call:
Oscar Ornelas or Heather Ramirez @ 432-445-2421
engage@pecostx.gov**

ALL APPLICATIONS ARE DUE BY SEPTEMBER 1, 2020 AT 5:00 PM