



SOUTHFIELD YOUTH ASSISTANCE APPLICATION

Thank you for your interest and expressed willingness to serve as a board member on Southfield Youth Assistance. The purpose of this form is to provide the Southfield City Council, Southfield School System, and Oakland County Probate Court with basic reference data and information pertaining to any resident being considered for appointment to Southfield Youth Assistance. The information on this form will be available only to those mentioned entities in their deliberations for their approval. Applications will be on file for two years after receipt.

When you have completed this application, please return it to:
Southfield Youth Assistance
Southfield Education Center
16299 Mt. Vernon
Southfield MI 48075-3123

Name: _____ Are you a U.S. citizen? YES NO
please print: last first middle

Address: _____
number street city state zip

Employer: _____

Bus. Address: _____

How long have you lived (continuously) or worked in the City of Southfield?

Phone (home): _____ (work): _____

Have you ever been convicted of anything other than minor traffic violations? Yes No

please explain fully on additional sheets.

Name and location of school last attended:

Name: _____ Indicate highest grade completed: _____

Street Address: _____ Did you graduate? YES NO

City: _____ State: _____

_____ Date you graduated or left school: _____

mo. / yr.

**College, trade or graduate school
or other education**

major/work taken minor degree # yrs. cmplt./ # smstr. hrs. dates attended

Professional Qualifications and/or work experience:

Community Activities and/or Other Experience:

References: (*Please list name and address.*)

Please indicate reasons for desire to serve:

Signature: _____

Date: _____



Reasonable advance notice is required.