



# Assemblymember Jim Cooper

9<sup>th</sup> District

## 2018 Young Assemblymembers Program

### Application

Application deadline: June 8th, 2018

**PLEASE TYPE or PRINT and send to Mikey.Hothi@asm.ca.gov**

#### **I. Student Information:**

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

High  
School: \_\_\_\_\_

Grade Level: \_\_\_\_\_

#### **II. Parent/Guardian Information**

Name: \_\_\_\_\_

Mobile/ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

#### **III. About the Student**

Please attach a short essay, cover letter or resume depicting your career goals, awards, honors, extracurricular activities, community involvement, and personal interests.

#### **IV. Emergency Contact Information**

List 2 adults other than the parents/guardians already listed:

1.

Name: \_\_\_\_\_

Mobile: \_\_\_\_\_

2. Name: \_\_\_\_\_

Mobile:

## **V. Permission**

I, \_\_\_\_\_, give permission for \_\_\_\_\_

Parents/Guardian Name

Student's Name

to participate in and attend the weekly seminars of the Young Assemblymembers Program and the related community service events. He/She understands the need to follow the standard guidelines for moral conduct and common courtesy. I, as the person responsible for the student, have fully read and understand the Young Assemblymembers Program goals, objectives and commitment requirements and give my child permission to participate. I also agree to allow any medical personnel the opportunity to treat an illness, injury, or any other medical condition. I agree to accept responsibility for any medical costs which may result from my participation. I have read this release and indemnification agreement and understand its meaning. This release is intended to bind my heirs, representatives, successors, assigns and administrators.

PARENT OR GUARDIAN'S SIGNATURE:

DATE: \_\_\_\_\_