SAN MATEO CITY SERVICES ACADEMY
YOUTH APPLICATION
Must be 16 years old by August 19, 2026

Requirements:

- Must be at least 16 years of age
- Live in the City of San Mateo
- Commit to attending the presentations

Please print clearly:

Name: _____ _____
(First) (Last)

Are you at least 16 years of age? Yes_____ No_____

Home Phone: _____ Cell Phone: _____

Residence Address: _____
(Number & Street) (City) (Zip)

Which High School do you attend? _____

Emergency Notification: _____ Phone Number: _____

Have you worked or volunteered in the City of San Mateo? Yes_____ No_____

- If yes, which department? _____

How did you learn about the San Mateo City Services Academy? _____

Why are you interested in participating in the City Services Academy? _____

_____

I hereby absolve the City of San Mateo, its employees, and officers from all liability, which may arise as the result of my participation in this Academy.

Signature of Applicant: _____ *Date:* _____

Signature of Parent/Guardian: _____ *Date:* _____

Mail application to: **City Services Academy, San Mateo City Manager's Office, 330 W. 20th Ave., San Mateo, CA, 94403**

- Opportunities for applicants are provided without regard to religion, creed, race, national origin, age, or sex.
- In compliance with the Americans with Disability Act, those requiring accommodation for the City Services Academy meetings, should notify the Academy coordinator at (650) 522-7019 prior to the first meeting.

SAN MATEO CITY SERVICES ACADEMY
PARENT/GUARDIAN CONSENT FORM FOR YOUTH PARTICIPANTS

I, _____, am the parent of guardian of _____
(Print full name of parent or guardian) (Print full name of Applicant)

who is applying to the San Mateo City Services Academy. I AGREE WITH AND CONSENT TO THIS APPLICATION.

I understand that the City Services Academy meets weekly on Wednesdays, August 19 – November 4, 2026 (no class on 9/30/26), at various City facilities throughout the City of San Mateo. Weekly meetings are held 6:00-9:00 p.m. I understand that I am responsible for providing or arranging transportation to and from these City Services Academy meetings.

I understand that if _____ misses three meetings, that they may be dropped
(Applicant's first name)

from the Academy.

_____ _____
Signature of Parent/Guardian Date

Contact information for parent/guardian:

Home Phone: _____ Email: _____

Cell Phone: _____

Applicant: Please submit this signed and dated form with your City Services Academy application to:

San Mateo City Services Academy
c/o Office of the City Manager
330 West 20th Avenue
San Mateo, CA 94403