



Congressman
JIMMY GOMEZ
 California's 34th Congressional District

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YOUTH ADVISORY COUNCIL

APPLICATION FORM

Name: _____

Address: _____
(Street) (City, State, and Zip Code)

E-mail Address: _____ Telephone Number: _____

Date of Birth: _____ Graduation Year: _____

Name(s) of Parents or Legal Guardian(s): _____

Parent E-mail Address: _____ Parent Telephone Number: _____

Name and Address of High School: _____

Name of Principal: _____ School Telephone Number: _____

Name of Guidance Counselor: _____

Grade in High School:

- Freshman
- Sophomore
- Junior
- Senior

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

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