



## Teen Advisory Committee Application City of El Segundo Teen Center (310)524-2701 | [dbargmann@elsegundo.org](mailto:dbargmann@elsegundo.org)

The Teen Advisory Committee needs YOU! Have a say in what you and your peers would like to see happen in the City for teens. TAC members meet monthly to identify teen needs, suggest creative solutions, work with City officials, and assist with special events. If you are in 6<sup>th</sup>-12<sup>th</sup> grade and are an El Segundo resident or enrolled in the El Segundo Unified School District apply today to make a difference in your community.

**Application Deadline: Monday, September 22, 2025 at 5:00pm**

### **TAC Members:**

- Earn community service hours
- May obtain a reference or recommendation letter for jobs and/or college applications
- Receive a free Teen Advisory Committee T-shirt
- Work with an accepting and motivating team of other teens and City employees

### **Requirements to apply:**

- Must be an El Segundo resident or ESUSD student in 6<sup>th</sup>-12<sup>th</sup> grade
- Fill out the Teen Advisory Committee application along with answers to the short supplemental questions attached. (See supplemental questions 1-4)
- Applicants will be called for interviews taking place the last week of September

### **Additional Information:**

- Committee member term begins **October 1, 2025 through June 5, 2026**
- Meetings are held the 1<sup>st</sup> Thursday of each month from 4-5pm.
- On average, at one TAC event or activity will be hosted bimonthly from September through June. TAC events will be proposed, planned, and hosted by the TAC members.
- Attendance and participation is required at all TAC meetings, events and excursions. Members cannot miss more than five official TAC meetings/events throughout each term to remain in good standing.
- Additional volunteer opportunities may be available.

**Questions?** Please contact Devon Bargmann at [dbargmann@elsegundo.org](mailto:dbargmann@elsegundo.org) or (310)524-2718.



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Complete and return this application by September 22, 2025 at 5pm. See specific additional requirements on page 1.

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Cell Number: \_\_\_\_\_ Parent/Guardian Cell: \_\_\_\_\_  
Grade as of June 2024: \_\_\_\_\_ School: \_\_\_\_\_  
Applicant's Email: \_\_\_\_\_  
Parent's Email: \_\_\_\_\_

### Supplemental Questions

*Please respond to the supplemental questions in Arial or Times New Roman 12 pt font on two pages or less. Please attach responses to this application.*

1. Please explain why you would like to become a Teen Advisory Committee Representative.
2. What activities do you feel like are missing for teens and why?
3. What strengths could you contribute to TAC?
4. Please list one idea or activity the Teen Advisory Committee could accomplish to assist or provide for our community? How would you promote this idea or activity to your peers?

Applicant Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_