



Fifth District Supervisor

Supervisor.Lopez@VenturaCounty.gov
(805) 654-2613



2025-26 Application

Fifth District Youth Advisory Council

The Fifth District Youth Advisory Council consists of twenty-five youth, ages 14-19 who live, work, or go to school in Ventura County's Fifth Supervisorial District. The Youth Advisory Council advises Supervisor Vianey Lopez on local issues and offers an opportunity for youth to get involved locally.

The term for members of the Council will be one year. Additional information about the Fifth District Youth Advisory Council, including the bylaws and calendar of meetings is available at supervisorlopez.venturacounty.gov/fifth-district-youth-advisory-council/.

To be considered for the Council, you must:

- ☐ Complete this application,
- ☐ Fill out the photo release form (including a parent signature if under 18)
- ☐ Submit the parental consent and waiver form if under 18.

Applications must be received by [DATE and TIME]. Completed PDF applications may be emailed with the subject line: "First Name, Last Name-YC Application."

If you have questions about the Council or this application, you may contact Supervisor.Lopez@venturacounty.gov or at (805) 654-2613.

First Name:		Last Name:	
Pronouns:		Age:	
Email:			
Phone:			
Address:			
City:	State:	Zip:	

1. Do you live, work, or attend school in the Fifth Supervisorial District?

[You may use the [Find My District Tool](#) to verify that your home, school, or work address is located in the Fifth District].

- ☐ Yes
- ☐ No

1b. If 'yes', check all that apply:

- ☐ Live
- ☐ Work
- ☐ Attend School

2. Please select your most recent or current educational experience:

- ☐ High School
- ☐ GED Program
- ☐ Certificate Program (online or in-person)
- ☐ College or University
- ☐ Military
- ☐ Trade School
- ☐ Other _____

2b. If 'high school' or 'college', what grade level are you currently:

- ☐ Freshman
- ☐ Sophomore
- ☐ Junior
- ☐ Senior
- ☐ Other _____

3. Of the policy and governance issues listed below, which three are of most interest to you?

- ☐ Education
- ☐ Housing
- ☐ Homelessness
- ☐ Environment
- ☐ Public safety
- ☐ Healthcare
- ☐ Mental Health
- ☐ Transportation
- ☐ Agriculture
- ☐ Other _____

4. Why would you like to become a Youth Advisory Council member and/or what would you hope to get out of this experience?

5. What are one or two things that are of most concern to you or to other youth in your community?

6. What do you like to do for fun?

7. This position will be an appointment by Supervisor Vianey Lopez, and you will be serving the Supervisor's office in an official capacity at the discretion of the Supervisor. This is a voluntary position, and no compensation is included. Please acknowledge below that you both understand and agree to this statement.

- ☐ I understand and agree to the above statement.
- ☐ I do not understand and/or agree to the above statement.

2025 – 2026 Parent or Guardian Consent and Waiver Claims

Fifth District Youth Advisory Council

I hereby authorize [child's name] _____ to participate in the Fifth District Youth Advisory Council program activities. My child is currently in good physical and medical condition. In the event that my child becomes ill or injured, he or she may receive First Aid.

In case of emergency, my child may be admitted to a hospital. I agree to hold harmless the County of Ventura, its officers, agents, and employees for medical aid rendered. I will also reimburse the County of Ventura for medical or other expenses incurred for medical aid on behalf of my child.

I understand and acknowledge that the County of Ventura does not provide medical insurance for the Fifth District Youth Advisory Council activity participants. I hereby release the County of Ventura, its officers, agents, and employees from all liability, demands or claims from any loss, damage or injury resulting from participation in the Fifth District Youth Advisory Council, and do hereby give consent for my child to receive emergency treatment.

Signature of Parent or Guardian

Date

Parent's Printed Name:

Address:

City:

State:

Zip:

Cell Phone:

Work Phone:

Child's Medical Information

Child's Full Name:

Doctor:

Phone:

Existing Medical Conditions:

Allergies:

Special Needs:

2025 – 2026 Photographic and Video Release and Consent Form

Fifth District Youth Advisory Council

I hereby, freely and voluntarily, give my consent to The County of Ventura to use mine (or my child's image) and/or likeness in any photographs, videos, audio recordings, or other media content produced by or on behalf of The County of Ventura (the "Content").

I understand that the Content may be used for any lawful purpose, including but not limited to marketing, advertising, promotion, and social media. I also understand that the Content may be published, distributed, and exhibited in various forms and media, including but not limited to print, broadcast, digital, and on the County's websites.

I hereby waive any right to inspect or approve the Content before its use. I release and discharge The County of Ventura, its officers, employees, agents, and assigns, from any and all claims, damages, and liabilities arising out of or in connection with the use of the Content, including without limitation, any and all claims for libel and/or invasion of privacy. I understand that this release cannot be revoked.

I represent and warrant that I am at least 18 years of age. I have read and fully understand the contents of this release.

If the individual is under 18 years of age:

I hereby consent to the use of my child's image and/or likeness in the Content described above, and I agree to the terms of this consent form on behalf of my child. I represent and warrant that I am the parent or legal guardian of the child named above and that I have the authority to enter into this agreement on behalf of my child. I have read and fully understand the contents of this release.

Child's Signature

Date

Signature of Parent or Guardian (if under 18)

Date

Parent's Printed Name:

Address:

City:

State:

Zip:

Cell Phone:

Work Phone: