



## Malden Community Mural Youth Task Force

### Application Form

#### **Purpose**

The City of Malden will engage Malden youth in a meaningful process to brainstorm themes and develop a design for an upcoming city project to create a community mural.

#### **Term and Responsibilities**

Up to fifteen (15) Malden residents between the ages of 14 and 20 are sought to serve on the Community Mural Youth Task Force. Task Force members are required to fully participate in the series of meetings to brainstorm themes and design the scale-up of the mural, which will be presented to the Malden community-at-large upon its completion, to invite community input and engage more stakeholders. **Participants are strongly encouraged to make every effort to attend a community Input Event on Thursday, Oct. 15 from 5:30 to 7:30 p.m. in the auditorium at the Malden Senior Center, 7 Washington St. AND will be required to attend a series of four design workshops on the following Mondays from 5:30 to 7 p.m.: Oct. 26, Nov. 2, Nov. 9 and Nov. 16.**

#### **Eligibility and Deadline**

All Malden residents between the ages of 14 to 20 are encouraged to apply. No prior artistic experience is required. Young people who are intrigued by artistic activities and would like to engage in meaningful projects to make Malden a healthy and vibrant community are highly encouraged to apply.

All applications must be received by 6 p.m. Tuesday, October 20, 2009. No email or late application will be considered. Applications should be delivered to: Ward Eight Councillor Judi Bucci, c/o Malden City Council Office, 200 Pleasant St.-Room 609, Malden, MA 02148.

**Selected Community Mural Youth Task Force members will be notified by Friday, October 23 and should be prepared to attend the first design session on Monday evening, Oct. 26.**

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### APPLICATION FORM

*Make sure you complete front and back sides*

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

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

Grade for 2009-2010 school year: \_\_\_\_\_ Gender: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

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

What is the best way to contact you? \_\_\_\_\_

1) List what community(ies) you feel your involvement on the Task Force may represent: (i.e. school, organization, and etc...)

2) List any current and previous community service and work experience.

**Questions**

Please answer the following questions with the space provided below.

1. How will your Community Mural Youth Task Force involvement benefit (a) yourself, (b) the mural project and (c) the Malden community?

a)

b)

c)

2. List five words that best describe you.

3. What are some ideas you may have for a Malden mural?

4. In your own words, please share why this project is important to the City of Malden?

\_\_\_\_\_  
Signature of Applicant & Date

\_\_\_\_\_  
Name of Parent/Guardian if under 18 years old

\_\_\_\_\_  
Signature of Parent/Guardian & Date

Parent/Guardian Contact No. \_\_\_\_\_

*Please provide an endorsement by any adult other than family members. Your school principal is highly preferred. Please note that the person below might be contacted.*

\_\_\_\_\_  
Printed name & title of endorser

\_\_\_\_\_  
Signature and phone of Endorse