



Youth Advisory Committee Application Form

DATE OF APPLICATION: _____

Those wishing to participate on the committee will need to submit a completed application form as well as provide **two letters of reference** before the advertised deadline date to the following address:

Town of Whitecourt Re: Youth Advisory Committee Application
Attention: Legislative Coordinator
Box 509, 5004 52 Avenue Whitecourt, AB T7S 1N6

(Applications must be submitted annually; however, those who served on the Committee last year are not required to re-submit reference letters.) For information call 780-778-3637 Ext. 417.

Name: _____
Last First Middle

Address: _____
Street (Apt) Town Postal Code

Contact Information:

Home Telephone Cell

Email Address

School: _____

Current Grade: _____ Age: _____ Gender: _____

Date of Birth: _____

By signing below, I _____ agree to make any reasonable efforts to attend all scheduled Youth Committee meetings and to represent the ideas and opinions of my peers at the meetings. I also consent to my contact information (as listed above) to be shared among other Youth Committee Members and other relevant persons. I understand that photo images may be taken of me at related Committee events that may be used for Committee promotional purposes, and grant the Town of Whitecourt full permission to the use any images in print or digital format.

Signature of Applicant _____

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Personal information on this form is being collected for the purpose of determining eligibility of an applicant to serve as a member on Whitecourt's Youth Advisory Committee. This information is collected under the authority of Section 33 of the Freedom of Information and Protection of Privacy Act. The name of successful applicants will be provided to the public. Questions regarding the collection of this information can be directed to the Town of Whitecourt FOIP Coordinator at 780-778-2273, 5004 52 Avenue, Whitecourt, AB, T7S 1N6.



Youth Advisory Committee Reference #1

To be completed by the individual providing the letter of reference.

Reference Information:

Name: _____
Last First

Contact Information:

Home Telephone Cell

Email Address

Relationship to applicant: _____

Number of years known for: _____

Signature: _____

By signing above I believe that _____ is a suitable candidate for the Youth Advisory Committee, and that to the best of my knowledge the individual named above will make a reasonable effort to attend scheduled Youth Advisory Committee meetings and represent his/her peers.

Letter of Reference (attached)

Please attach a letter of reference outlining the reasons you believe the candidate would be a good choice as a member of the Youth Advisory Committee. The letter should outline a list of strengths/skills the applicant possesses as well as leadership abilities and/or relevant experience.



Youth Advisory Committee Reference #2

To be completed by the individual providing the letter of reference.

Reference Information:

Name: _____
Last First

Contact Information:

Home Telephone Cell

Email Address

Relationship to applicant: _____

Number of years known for: _____

Signature: _____

By signing above I believe that _____ is a suitable candidate for the Youth Advisory Committee, and that to the best of my knowledge the individual named above will make a reasonable effort to attend scheduled Youth Advisory Committee meetings and represent his/her peers.

Letter of Reference (attached)

Please attach a letter of reference outlining the reasons you believe the candidate would be a good choice as a member of the Youth Advisory Committee. The letter should outline a list of strengths/skills the applicant possesses as well as leadership abilities and/or relevant experience.