



**YOUTH ADVISORY COMMITTEE
APPLICATION FORM**
PLEASE RETURN COMPLETED FORM AND ATTACHMENTS
TO: 5004 52 AVENUE, WHITECOURT, AB T7S 1N6 OR
ADMINISTRATION@WHITECOURT.CA

PERSONAL INFORMATION	
First Name:	Last Name:
Address:	
Town/Province:	Postal Code:
Home Phone:	Cell Phone:
Email Address:	
Date of Application:	Current Grade:

QUESTIONS

Why do you want to be on the Youth Advisory Committee?

How do you spend your time outside of school? List all activities, volunteer activities, and employment postings you are currently involved in.

After submitting your application, those shortlisted will be contacted for a brief interview to help in the selection process (interview questions will be provided prior to the interview).

APPLICANT CONSENT

By signing below, I, _____, agree to make any reasonable efforts to attend all scheduled Youth Advisory Committee meetings and to represent the ideas and opinions of my peers at the meetings.

Applicant's Signature: _____ **Date:** _____

PARENT/GUARDIAN CONSENT

By signing below, I, _____, agree consent to my child's contact information (as listed above) to be shared among other Youth Advisory Committee Members and other relevant persons.

I understand that photo images may be taken of my child at related Committee events that may be used for Committee promotional purposes, and grant the Town of Whitecourt full permission to use any images in print or digital format.

I also consent to Town staff transporting my child for Committee related events.

Parent or Guardian Signature: _____ **Date:** _____

Personal information on this form is being collected for the purpose of determining eligibility of an applicant to serve as a member on a Town of Whitecourt Council Committee. This information is collected under the authority of Section 33 of the Freedom of Information and Protection of Privacy Act (FOIP 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.