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 relevent 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:**

The personal information collected through the Youth Advisory Committee Application Form is for the purpose of processing applications, including eligibility, review, and communication of decisions. This collection is authorized per section 4(c) of the Protection of Privacy Act. For questions about the collection of personal information, contact the Town of Whitecourt Administration Office at administration@whitecourt.ca or 780-778-2273.

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.