

**Kristen French Child Advocacy Centre Niagara**  
**YOUTH ADVISORY COUNCIL**

**APPLICATION FORM | 2018 – 2019 Term**

**Section One: Personal Information**

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

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

**Section Two: Motivation, Skills & Experience**

1. Languages

	<b>Read</b>	<b>Write</b>	<b>Speak</b>
<b>English</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>French</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Other: 1.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>2.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Why would you like to sit on this Council? Please provide three reasons.

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

Were you referred to this council? YES / NO If yes, by whom? \_\_\_\_\_

3. Briefly describe additional skills or experience relevant to your position on the Kristen French CACN Youth Advisory Council. (If more space is required, please use a separate sheet of paper)

4. Briefly describe/list any other activities you will be involved in throughout the school year. (Employment, sports, community programs, volunteering, etc.)

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**Section Three: Character References**

Please provide two (2) references (family/friend/teacher/supervisor/coach) that have known you for at least one full year. References must be over the age of 18 years and at least one reference must be a non-family member.

Please ensure that you let your references know that they will be emailed a link to answer a few questions about your application to the Youth Advisory Council.

Name	Email	Relationship
1.		
2.		
3.		

**Section Four: Background Check**

Have you ever been convicted of a criminal offense and/or findings of guilt under the federal *Youth Criminal Justice Act*?  Yes  No

If yes, please explain: \_\_\_\_\_

**Section Five: Emergency Contact & Medical/Health Information**

Please list two (2) Emergency Contacts below in case of emergency.

Name: \_\_\_\_\_ Number: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Number: \_\_\_\_\_ Relation: \_\_\_\_\_

Please list any relevant and important Medical (seizures, diabetes, etc.) and Health (allergies, dietary, etc.) Information.

**Section Six: Declaration**

I have read and understand the time commitment and dedication required for the Kristen French CACN's Youth Advisory Council (YAC). I know the importance of consistency, cooperation and teamwork & am willing and able to make this commitment to the Youth Advisory Council.

\_\_\_\_\_  
**Youth Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

*\*the parent/guardian is only required to sign for youth under 16 years of age*