

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

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