



# YOUTH COUNCIL APPLICATION FORM

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**Personal Information**

<b>Name:</b>			
<b>Address:</b>			
<b>City:</b>	<b>Postal Code:</b>		
<b>Phone:</b>	<b>Alternate Phone:</b>		
<b>Email:</b>	<b>Facebook access:</b>	<b>yes</b>	<b>no</b>

**Emergency Contact**

<b>Name:</b>
<b>Phone:</b>
<b>Relationship:</b>

**Applicant Information**

Have you participated in Youth Council before? (Circle one)                      **yes**                      **no**

What other activities do you participate in? (ex: school, work, volunteer work, other youth groups, extra circular activities, sports)

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Why do you want to participate in Youth Council at The LINC?

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What strengths do you feel you bring to the group?

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Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian signature (if under 18 years of age): \_\_\_\_\_

**\*\*All information will be kept confidential.**