



YOUTH ADVISORY COMMITTEE - APPLICATION FORM

2023/2024 Term

CONTACT INFORMATION: (PLEASE WRITE IN PRINT)			
Name:	<i>(Last Name)</i>	<i>(First Name)</i>	
Address:	<i>(Street Address)</i>		
	<i>(Apartment/Unit #)</i>	<i>(P.O. Box)</i>	<i>(Rural Route)</i>
	<i>(City/Town)</i>	<i>(Province)</i>	<i>(Postal Code)</i>
Telephone:	<i>(Home)</i> <i>(Cell)</i>		
E-mail: <small>*email will be used to distribute meeting agendas and information sharing</small>			
School Name			
Grade			
Birthdate			

ELIGIBILITY and REQUIREMENTS:
<p>Thank you for your interest in serving on the Youth Advisory Committee (YAC). Your participation will help give a voice to the youth of West Nipissing and assist Council in an advisory capacity on social and recreational matters that will enhance the quality of life, safety, health and well-being of West Nipissing's younger population.</p> <p>Before you begin, please note:</p> <ul style="list-style-type: none"> Members must be 14 to 24 years of age prior to January 1st, 2023. Applicants must not be employees of the Municipality of West Nipissing. Applicants must live in the Municipality of West Nipissing. The council term runs from September to June (one school year). Applicants should be able to serve for the full term of the appointment. The committee will hold a minimum of 6 meetings per term and as necessary. Dates and times for meetings will be determined by the committee, during their first meeting, to best fit their schedules. Members requiring transportation to meetings will be eligible for mileage reimbursement as per municipal policy. Meetings will be held in the Council Chambers at Town Hall. If the Council Chambers are not available, an appropriate alternative location will be selected. The volunteer hours spent on this Committee can be counted towards the 40 hours of community service needed to graduate from Ontario high schools, be added to a resume or post-secondary school application, and provide an opportunity for career exploration. Members under the age of 18 years must include a parent's signature of consent on this application. YAC is an inclusive council and accommodation is available in accordance with the Ontario Human Rights Code and the Accessibility for Ontarians with Disabilities. Members are selected by resolution of Council. To ensure a diverse and inclusive environment, when appointing individuals, Council will consider representatives from various race, religion, gender, gender identities or expressions, sexual orientation, national origin and disabilities.

PLEASE EXPLAIN WHY YOU ARE INTERESTED IN JOINING THE YAC.

WHAT TALENTS, PASSIONS, SKILLS, AND ABILITIES DO YOU HAVE THAT WOULD BENEFIT THE YAC?

TEAMWORK IS AN IMPORTANT VALUE TO THE YAC. WHAT ACTIONS WOULD YOU TAKE DURING A YAC MEETING IF YOU OBSERVED THAT NOT EVERYONE WAS FEELING INCLUDED?

IN YOUR OPINION, WHAT IS THE BIGGEST CHALLENGE YOUTH FACE IN WEST NIPISSING TODAY?

ADDITIONAL INFORMATION:

Please provide any additional information that will assist in the selection process:

Please indicate any accessibility requirements, limitations, etc.

Availability and willingness to attend meetings? Yes No

By signing this application, I consent to the release of the information on my application and understand that it will be made available, on an as needed basis, to the Municipality of West Nipissing Council and staff, for the purpose of making appointments to Committees and Boards. If selected to be a member of the Youth Advisory Committee, I agree to abide by the rules of the Committee/Board and I agree to attend meeting to the best of my ability.

Date completed:

Signature:

PARENTAL CONSENT

A parent's signature of consent is required if the applicant is under the age of 18 years.

I am aware and consent that the minor mentioned below is applying to become a member of the Youth Advisory Committee.

Name of minor: _____

Name of parent/guardian: _____

Telephone number of parent/guardian: _____

Signature of parent/guardian: _____ Date: _____

Please return your completed application to the attention of:

**Municipal Clerk
Municipality of West Nipissing
101 – 225 Holditch Street
Sturgeon Falls, ON P2B 1T1**

**OR
OR**

**Fax to: 705-753-3950
E-mail to: mducharme@westnipissing.ca**

Applicant information is collected under the authority of the Municipal Freedom of Information and Protection of Privacy Act and will be used strictly for the purpose of committee appointments.

We thank all applicants in advance; however only those applicants selected for an interview will be contacted.