



# PNE YOUTH COUNCIL APPLICATION FORM 2018

Please fill in all fields before submitting

## INSTRUCTIONS FOR FILLING IN AND SUBMITTING THE FORM:

- 1) Type your responses directly into the form.
- 2) Save this form to your computer (go to "file", then pick "save as", and then name the attachment with your name)
- 3) Attach the filled-in form and supporting document to an email and send it to [youthcouncil@pne.ca](mailto:youthcouncil@pne.ca) before **Friday, May 11, 2018**.

**NOTE: Please use only ADOBE READER to complete this form digitally. Mac users, please do not use Preview. It will not save your information correctly.**

## YOUTH PARTICIPANT INFORMATION

First name: _____	Last name: _____
Date of birth: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Mailing address: _____	
City in BC: _____	Postal code: _____
Home phone: _____	Mobile phone: _____
School: _____	Grade (as of Sept 2018): _____
Email: _____	

## CURRENT ACTIVITIES *(Please check off any of the following activities that you have been or are currently involved in.)*

- Leadership and/or public speaking program \_\_\_\_\_
- School committees or clubs such as \_\_\_\_\_
- Organizing school and/or community events \_\_\_\_\_
- Paid work experience at \_\_\_\_\_
- Volunteer work such as \_\_\_\_\_
- Outdoor activities (hiking, biking, etc.) \_\_\_\_\_
- Sports teams such as \_\_\_\_\_
- Play an instrument \_\_\_\_\_
- Dance/theatre \_\_\_\_\_
- Other \_\_\_\_\_

## EXPRESSION OF INTEREST Which group that you volunteer with (not at school) are you most proud of and why?



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## REFERENCES *(i.e. a former teacher, organizations you volunteer with, employer, etc.)*

First & last name: \_\_\_\_\_

Position within the organization: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

First & last name: \_\_\_\_\_

Position within the organization: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

## PARENTAL CONSENT

I understand that I will require parental consent to participate in the PNE Youth Council

I \_\_\_\_\_ parent/guardian of \_\_\_\_\_,  
give permission for him/her to be a member of the PNE Youth Council.

## PARENT OR GUARDIAN CONTACT INFORMATION

First & last name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

## OTHER QUESTIONS:

How did you hear about the PNE Youth Council? \_\_\_\_\_

Have you applied for the PNE Youth Council before?  Yes  No

Please feel free to include one of the following:

Resume  Cover Letter  Reference Letter

*(chosen item must fit on one page)*