

Please return the completed form with a copy of your resume to:
Olivia Mackay
foothillsyac20@gmail.com
403-603-3665

Energize. Encourage. Engage.

FOOTHILLS YOUTH ADVISORY COMMITTEE APPLICATION FORM		
APPLICANT INFORMATION		
Name:		
Date of birth:	Phone:	
Email:		
Address:	City/Town:	Postal Code:
SCHOOL INFORMATION		
Current School:		_
Favourite Classes:		Grade:
Are you part of any extracurricular teams or groups?		
PLEASE CIRCLE TIMES YOU ARE AVAILABLE FOR VIRTUAL MEETINGS:		
Mornings	Afternoons	Evenings
M/T/W/Th/F/S/Sun	M/T/W/Th/F/S/Sun	M/T/W/Th/F/S/Sun
WE WANT TO KNOW MORE ABOUT YOU!		
What are some of your hobbies and interests?		
What issues matter the most to you, and how can a Youth Advisory Committee help with these issues?		
SIGNATURES		
I,, would like to be a part of this exciting opportunity and join the Foothills Youth Advisory Committee! I am between the ages of 14-24, and reside in the Foothills area.		
Signature of applicant:		Date:

Instagram: @Foothillsyac Facebook: @FoothillsYAC