

YOUTH ACTION COMMITTEE 2020/2021 APPLICATION
Due back October 2, 2020

NAME: _____

AGE: _____ GRADE: (this year-circle one) 9 10 11 12

School you are attending now: _____

Home mailing address: _____

Postal Code: _____ Home phone #: _____ Cell phone #: _____

E-mail: _____

List any previous leadership or volunteer experiences you have had either in school or out in the community (if none – no worries!)

What interests you in joining the Youth Action Committee? What do you expect to gain from your experience on the Youth Action Committee?

What issues do you feel are important or of concern to the youth of Campbell River?

Yes, I am able to commit to two, 1.5 hour meetings, usually held on the first and third Monday of each month (3:30pm – 5:00pm at City Hall) with the exception of school holidays.

_____ Initial

Yes, I am able to attend the YAC Workshop **tentatively** scheduled for the beginning of October 2020.

_____ Initial

Signature of Applicant: _____

For more information contact:

Jennifer McGowan, City of Campbell River, 250-286-5726, jennifer.mcgowan@campbellriver.ca
Laura Hougham, City of Campbell River, 250-286-5727, laura.hougham@campbellriver.ca

Submit a completed application form no later than September 30th, 2020

- to your school office
 - to City Hall
- by email to info@campbellriver.ca

**Youth Action Committee
Reference Form
(Must not be a family member)**

Applicant Name: _____ Reference Name: _____

Youth Action Committee is a volunteer Youth Leadership Program where the youth volunteer with the City of Campbell River and help to provide direction to City Council on issues and projects that affect youth, and be a voice for other youth in the community. This position requires the youth to be reliable, responsible, positive, and to take initiative.

Please help us find out more about this applicant by filling out this questionnaire and giving us any feedback that you feel will help us in our selection process. Please circle the appropriate rating as per rating chart:

	(4) Excellent	(3) Good	(2) Satisfactory	(1) Needs Improvement
Communication Skills	4	3	2	1
Willingness to Learn	4	3	2	1
Ability to take Initiative	4	3	2	1
Reliable	4	3	2	1
Punctual	4	3	2	1
Responsible	4	3	2	1
Cooperation	4	3	2	1
Positive Attitude	4	3	2	1
Flexibility	4	3	2	1

How long have you known this applicant and in what capacity?

Additional Comments or Feedback

Reference

Thank-you very much for taking the time to fill out this reference form and supporting the Youth Action Committee (YAC).

YAC Applicant

Please enclose this form with your application package.



PARENTAL CONSENT FORM

Child's Last Name: _____

Child's First Name: _____

PARENTAL CONSENT

I consent to my child's participation in the program. I am aware that there are risks associated with participation in the program, including the risk of injury, and I consent to my child's participation in spite of all risks.

I acknowledge that it is my responsibility to advise the City of Campbell River of any medical or other conditions that may affect my child's participation in the program.

In the event that my child requires medical attention, I consent to my child being transported to the nearest emergency centre, including by ambulance if necessary, and accept that I am responsible for any costs of such ambulance service.

I have read this Parental Consent Form and understand and accept its terms.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

PHOTO RELEASE

Permission is hereby granted for the City of Campbell River to take and use photographs and videos of the above-mentioned participant for promotions and records.

Yes No

Date: _____

PLEASE FILL OUT OTHER SIDE:



REGISTRATION INFORMATION

PERSONAL INFORMATION:

Participants Name: _____ Date of Birth: _____
Parent/Guardian: _____ Home Phone: _____
Address: _____ Postal Code: _____
Cell Phone: _____ Work Phone: _____
Parent/Guardian E-mail address: _____
Emergency Contact: _____ Phone: _____
Relationship to Participant: _____
What is your child's swimming level or ability? _____

MEDICAL INFORMATION:

Doctor's Name: _____ Phone Number: _____
BC Medical Number (Care Card): _____
Medical Conditions (e.g. Asthma): _____

Medications: _____

Will staff need to administer medications (including epi-pens)? [Yes] *(If yes, contact the centre directly)* [No]

Allergies (food, medications, bees, etc): _____

Does your child have behaviors or a disability that staff should be aware of? [Yes] [No]

If yes, please list them: _____

Does your child require extra supports to participate in the program? [Yes] [No]

PICK UP AUTHORIZATION:

The following individuals (other than the parent/guardian) are authorized to pick up my child at the end of class.
**Children will only be allowed to leave with a parent/guardian or a designated person(s) on this list.*

Name:	Phone:
1. _____	_____
2. _____	_____
3. _____	_____

My child has authorization to walk home after the program. [Yes] [No]