



# Youth Advisory Committee

Youth Inclusion Program

## Youth Advisory Application

First name:

Last name:

Preferred name:

Date of Birth:

Phone Number/Contact information:

E-mail Address/Social Media:

Home address:

City:

Province:

Postal Code:

What are your preferred pronouns? i.e – he/she/they (optional):

Have you participated in any Youth Inclusion Programming?  
(Youth Navigator/Group Programs/School Program?)

Have you ever been involved in an advisory committee or youth council before?  
If you answered YES please tell us about your experience:

Please tell us why you are interested in joining the Youth Inclusion Youth Advisory Committee!

**A final few questions:**

**Are you able/willing to meet monthly as a committee member?**

**Will you require transportation or support with transportation to meetings?**

**If you are under the age of 16 do your parents consent to your participation in the committee?**

**If under the age of 16 and answered yes please have parent/guardian print and sign below:**

**Parent/Guardian name:**

**Signature:**

**Is there anything more you would like to tell us about yourself? (school, hobbies, interests, etc.)**

**Email completed application to [youthinclusion@thunderbay.ca](mailto:youthinclusion@thunderbay.ca)**

