

Youth Advisory Committee

APPLICATION FORM



Applicants must be ages 13 to 19, and live, work, study or recreate in Middlesex Centre.

Section One: Personal Information

First Name: _____ Last Name: _____

Preferred Pronoun: She/Her He/Him They/Them Prefer to not Say

Address: _____

Tel: _____ Email: _____

School: _____ Grade/Academic Year in Sept: _____

Section Two: Motivation

Why would you like to sit on this committee? Please provide three reasons.

1: _____

2: _____

3: _____

Section Three: Skills and Experience

Briefly describe your skills or experience relevant to this committee. (If more space is required, please use a separate sheet of paper.)

Section Four: References

Please provide two references that can speak to leadership potential. One must be a current or previous employer, teacher or coach. No family members please.

Name: _____ Tel: _____ Email: _____

Name: _____ Tel: _____ Email: _____

Section Five: Interests

Please tell us what you enjoy participating in during your spare time:

Please return this application form to:

Scott Mairs, Director of Community Services, Municipality of Middlesex Centre – mairs@middlesexcentre.on.ca