



*Energize. Encourage. Engage.*

Please return the completed form  
with a copy of your resume to:

Erin Porter  
[foothillsyac@gmail.com](mailto:foothillsyac@gmail.com)  
403-603-3665

109 - 4th Avenue SW  
High River, Alberta  
T1V 1M5  
(no postage needed)

**Deadline to apply: April 27<sup>th</sup>, 2018**

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 a part of any extracurricular teams or groups?		
PLEASE CIRCLE TIMES YOU ARE AVAILABLE FOR 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: