



## SAI-SECFS Joint Youth Council Application Form 2022-2023



### Contact Information

Full Name (First & Last):	Age:	Date of Birth (Month, Day, Year):
Address, City/Community and Postal Code:	Pronouns (Ex. She/ Her, They/Them, or He/Him):	
Southeast Community Name:	Location: <input type="checkbox"/> I live in my home community <input type="checkbox"/> I live away from my home community	
Phone Number:	E-mail:	
Emergency Contact Name:	Emergency Contact Relationship (Ex. Teacher, Aunty, etc.):	
Emergency Contact Phone Number(s):		

### Check all that apply

Do you have a bank account? <input type="checkbox"/> Yes <input type="checkbox"/> No, but I will get one as soon as possible! <input type="checkbox"/> No, I do not
Do you have access to a reliable internet connection? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have current or previous involvement with CFS? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you previously, or currently, participated in a Shawenim or Southeast Child & Family Services program? <input type="checkbox"/> Yes (If answered yes, which one? _____.) <input type="checkbox"/> No
Have you participated in a Youth Council before? <input type="checkbox"/> Yes (If answered yes, which one? _____.) <input type="checkbox"/> No

**About Yourself (Please answer the following questions)**

**1. Please tell us about yourself:**

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**2. What makes a good Youth Leader?**

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**3. Why do you want to be a part of the Youth Council?**

---

---

---

---

---

---

---

---

---

---

---

---


**Reference (Please list one reference we can call below)**

Name:	Relationship to applicant:
Contact Number:	

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/ Guardian Signature (If under the age of 18): \_\_\_\_\_

**Deadline to submit your application is **May 1<sup>st</sup>, 2022**. Please send the completed application to [prevention.referrals@secfs.ca](mailto:prevention.referrals@secfs.ca) OR fax to 204-947-0009.**

*We thank all those who apply, however, only those selected will be contacted.  
Miigwetch!*