



PORT COLBORNE

CONFIDENTIAL
City of Port Colborne

Application for Appointment to the Mayor's Youth Advisory Committee

The Mayor's Youth Advisory Committee (MYAC) was established to provide a voice for Port Colborne young people, and to engage youth in City of Port Colborne discussions of social and recreational and issues. Application to the Youth Advisory Committee is open to students aged 12 to 25 who complete this application. Applicants must live in Port Colborne, attend elementary or high school in Port Colborne, or post-secondary school in Niagara.

MYAC will consist of a diverse representation of youth. Selections for a position on the Committee will be based on leadership, organizational skills, and the willingness to make a difference. There will be an emphasis on the applicant's:

- Interest in participating on the Committee
- Willingness to be part of a team which determines goals and discusses local issues affecting youth
- Commitment to attend at least one meeting per month for one year

Contact Information	
Name:	DOB (MM/DD/YY):
Cell number:	Home number:
Address:	
Postal code:	
Email address:	
Qualifications	
Are you currently in school? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what school?	
Are you currently employed? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, where?	
Please list any other activities in which you will be involved throughout the school year. (Please include sports, community, school, and church programs).	
Tell us about yourself (You may also include other materials such as video, graphic or audio, etc.)	
Why do you want to serve on the MYAC?	

What are the three most important issues or concerns of youth in Port Colborne?

Select one of the issues you noted above and briefly explain how you can address it effectively.

What skills and characteristics do you have which will make you a good representative for youth?

Acknowledgement and Declaration

I have read and understand the time commitment required for the Youth Advisory Committee. I am willing and able to make a commitment to this committee.

Signature of Applicant

Date

If the applicant is under the age of 18, parental/guardian consent is required.

In the event I am a successful applicant, I consent to the release of my name and a brief summary of personal information concerning education, qualifications and experience provided on this application:

Signature of Parent/Guardian

Date

*Names and personal information of unsuccessful applicants will not be released publicly.

Personal information on this form is collected under the authority of the Municipal Act, 2001, and pursuant to the Municipal Freedom of Information and Protection of Privacy Act, will be used only for selecting appointees to boards/committees. Questions about the collection of personal information or about the selection process in general, may be directed to the Deputy Clerk at 905-228-8116 or at the address below.

Please submit your completed application by mail, e-mail, fax or personal delivery to:

Deputy Clerk, Port Colborne Municipal Office
66 Charlotte Street
Port Colborne, Ontario L3K 3C8
Fax: 905-834-5746
E-mail: deputyclerk@portcolborne.ca