



YMCA Youth Advisory Council 2012 Application Form

Please print clearly and complete form in full

Name: _____ Date of Birth (mm/dd/yr): _____

Female Male School/Educational Institute: _____

Home Mailing Address: _____

Home Phone #: _____ Cell Phone #: _____

Email Address: _____

Emergency Contact Name: _____

Emergency Contact #: _____ Relationship to you: _____

Signature of Applicant: _____

If under 18, name of Parent or Guardian: _____

Parent/Guardian Main Contact #: _____

Emergency Contact Name: _____

Emergency Contact #: _____ Relationship to you: _____

(Other than parent/guardian)

Parent/Guardian Authorization:

I permit my child noted above to participate in the YMCA Youth Advisory Council. I permit my child to participate in the full range of activities involved in the Youth Advisory Council and in the event of any accident affecting my child listed above, I authorize the YMCA to act on my behalf in determining any procedures or necessary treatment they deem essential for the care and well being of said child.

Signature of Parent/Guardian: _____ Date Signed: _____

Submit completed form and application to: YMCA Youth Engagement Branch
2016 Dundas Street, London Ontario, N5V 1R1
Attn: Ashley Constable
Email: aconstable@ymcawo.ca
Phone: 519-913-0061 x. 651 Fax: 519-913-0061





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Application deadline: January 20, 2012

1. What involvement do you **currently** have with the YMCA of Western Ontario?

YMCA Member Volunteer Other None

Other please specify: _____

2. What role (if any) has the YMCA had in your life? _____

3. Why are you interested in becoming a member of the YMCA Youth Advisory Council?

4. What do you feel you can bring to the council in terms of skills and experiences?

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