

Morinville Youth Leadership Program Application

Last Name		First Name & Middle Initial		Birth date (yyyy/mm/dd)	
Mailing Address (include apt. or box number)			City/Town		Province
Phone		Email		Grade	School

- Are you available to attend monthly meetings (Tuesdays)? Yes No I don't know
- Can you commit to volunteering 5-7 hours per month from October to June (includes meetings)? Yes No I don't know
- Are you willing and have the desire to plan, attend, and assist in the running of activities/events for the youth in Morinville? Yes No I don't know

If you answered "I don't know" to any of the availability questions above, please explain why:

MORINVILLE YOUTH LEADERSHIP: (Grades 7-9) Youth get to make a difference in their community by raising awareness of issues that affect youth in our community. On the first Tuesday of each month we will focus on representing the voice of Morinville youth.
When: Meetings Tuesdays October 6, November 3, December 1, January 5, February 2, March 2, April 6, May 4, June 1 | 3:30-4:30 p.m.
Where: Morinville Community Cultural Centre
Fee: Free, youth must fill out an application form

MORINVILLE LEADERS OF THE FUTURE: (Grades 10-12) This group will focus on national and international issues and how we can have impact within our school walls all the way to global impact. On the first Tuesday of each month we will grow youth's leadership skills through training, conferences, peer guidance and mentorship. This is a great addition to the resumes of any youth looking for future employment or applying for post-secondary.
When: Meetings Tuesdays October 6, November 3, December 1, January 5, February 2, March 2, April 6, May 4, June 1 | 4:45-6 p.m.
Where: Morinville Community Cultural Centre
Fee: Free, youth must fill out an application form

Are you willing and have a desire to take on a leadership role within the Morinville Youth Leadership Program? (Such as being President, Vice President, or Secretary)

How did you hear about the Morinville Leadership Program?

The information on this form is collected under Section 33(c) of the Freedom of Information and Privacy Act (FOIP). The FOIP Act regulates the collection, use and disclosure of personal information. The information on this form is collected for the sole use of the Town of Morinville. If you have questions regarding this collection, please contact the Information Management/FOIP Coordinator for the Town of Morinville at 780-939-4361 or at records@morinville.ca.

In 250 words or less, please explain why you are a good candidate for the Morinville Youth Leadership Program and what you would like to get out of the experience.

Liability and Personal Participant Waiver

Emergency Contact Name	Contact Number

The personal information provided will be used to register yourself or your child in Morinville Community Services programs or activities and is collected under the authority of Section 33(c) of the Freedom of information and Protection of Privacy Act.

I hereby ___ authorize ___ do not authorize (must check one) the Municipality to use photographs taken of the aforementioned individual(s) while attending or participating in Community Services programs and activities (scheduled or unscheduled) sanctioned by the Municipality. Photographs may be used to promote the Municipality's programs or used in or as part of publications, advertisements, newsletters and displays intended for the general public. Parents and media may also have the opportunity to take pictures: any of these photos taken during public events cannot be controlled. No other use of these photographs will be allowed.

Under Section 38 of the Freedom of information and Protection of Privacy Act, Morinville must protect the personal information it collects by making reasonable security arrangements against such risks as unauthorized access, collection, use, disclosure or destruction. Also, Morinville must comply with Section 39 and 40 when using and disclosing personal information.

I, _____, have informed myself of any and all risks that could take place due to my participation or my child's participation with the program and hereby release the Municipality or Agency, its employees, instructors, agents and volunteers from claim for loss, injury or damage to person or property either directly or indirectly, from the attendance, including participation in any activity scheduled or unscheduled, including travel to and from any location for myself or my child. I acknowledge having read and understood this release and accept the terms therein.

Signature of Parent/Guardian:

Date: (month/day/year)

Signature of Youth Participant:

Date: (month/day/year)

Witness:

Date: (month/day/year)