



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	Postal Code
Phone	Email		Grade	School	

- Are you available to attend bi-monthly meetings (two Thursdays in a month)? 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:

After reading the group descriptions below, number them from 1-4 (1 being your first choice):

YOUTH MENTORS: (Grades 11-12)
Provides youth who are older to become mentors and leaders within this structure to younger youth; by providing guidance and direction to others.

CIVIC ENGAGEMENT: (Grades 7-12)
Opportunities for youth interested in civic duty the chance to research and write policy proposals that affect youth directly.

EDUCATION & AWARENESS: (Grades 7-12)
Opportunities for youth to develop awareness projects that address social issues concerning youth specifically.

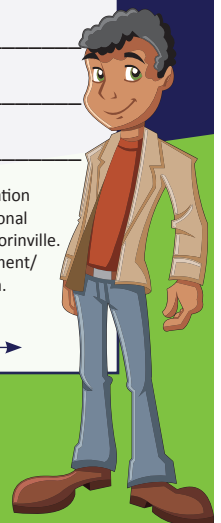
COMMUNITY ENGAGEMENT: (Grades 7-12)
Opportunity for youth to volunteer within the community and organize events targeting youth.

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) 929-4361 or at lrusk@morinville.ca.

Please complete the reverse side as well →



Community Services
780.939.7839

www.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)

x _____

Signature of Adult Participant:

Date: (month/day/year)

x _____

Witness:

Date: (month/day/year)

x _____

