

Name _____ Date _____

Address _____
Street address _____ Postal code _____

Phone number _____ Birthdate _____
Optional -celebration purposes only

Email _____

School _____ Grade _____ Age _____

What kinds of activities do you like to do?

Which of the following characteristics describe you?

- | | | | |
|---|--------------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> happy | <input type="checkbox"/> determined | <input type="checkbox"/> quiet | <input type="checkbox"/> responsible |
| <input type="checkbox"/> always on time | <input type="checkbox"/> confident | <input type="checkbox"/> dependable | <input type="checkbox"/> hard working |
| <input type="checkbox"/> busy | <input type="checkbox"/> creative | <input type="checkbox"/> leader | <input type="checkbox"/> energetic |
| <input type="checkbox"/> shy | <input type="checkbox"/> other _____ | | |

Which of these issues do you think teens have to deal with?

- | | |
|---|--|
| <input type="checkbox"/> parent/teen conflict | <input type="checkbox"/> transportation (not having a car/no one to drive) |
| <input type="checkbox"/> nothing to do/nowhere to go | <input type="checkbox"/> violence at home or at school |
| <input type="checkbox"/> peer pressure | <input type="checkbox"/> education and post secondary decisions |
| <input type="checkbox"/> having someone to talk to | <input type="checkbox"/> finding work |
| <input type="checkbox"/> discrimination from adults/other teens | <input type="checkbox"/> alcohol and drug use/abuse |
| <input type="checkbox"/> depression | <input type="checkbox"/> HIV and STD's |
| <input type="checkbox"/> abuse (physical, sexual or emotional) | <input type="checkbox"/> teen pregnancy |
| <input type="checkbox"/> smoking | <input type="checkbox"/> other _____ |

What would you like to get out of being on the Youth Council?

- | | |
|---|--|
| <input type="checkbox"/> gain leadership skills | <input type="checkbox"/> feel better about myself |
| <input type="checkbox"/> meet new people | <input type="checkbox"/> be recognized for what I do |
| <input type="checkbox"/> help the community | <input type="checkbox"/> learn new things |
| <input type="checkbox"/> gain job skills | <input type="checkbox"/> have fun |
| <input type="checkbox"/> help people | <input type="checkbox"/> be respected |

Collection and use of personal information

Personal information is collected in accordance with section 3 of the *Municipal Government Act* and section 33(c) of the *Freedom of Information and Protection of Privacy Act (FOIP)* and is protected by FOIP. It will be used to assure school and grade restrictions are met and to ensure appropriate expectations, and assignments. Age and grade references may be shared with agencies to validate the appropriateness of Youth Council recommendations. If you have any questions about the collection and use of the information, contact the Coordinator, Community Development at 780-464-4044.

For office use only

Accepted yes no Date _____