

Name _____ Date _____

Address _____
Street address Postal codePhone number _____ Birthdate _____
Optional

Email _____

School _____ Grade _____ Age _____

What types of activities do you like to participate in?

Which of the following characteristics best 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 feel youth 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"/> family violence |
| <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 employment |
| <input type="checkbox"/> discrimination from adults/other teens | <input type="checkbox"/> alcohol and drug use/abuse |
| <input type="checkbox"/> mental health | <input type="checkbox"/> sexual behavior |
| <input type="checkbox"/> self-harm | <input type="checkbox"/> unhealthy relationships |
| <input type="checkbox"/> abuse (physical, sexual or emotional) | <input type="checkbox"/> pregnancy |
| <input type="checkbox"/> smoking | <input type="checkbox"/> bullying/cyberbullying |
| <input type="checkbox"/> social media | <input type="checkbox"/> other _____ |
| <input type="checkbox"/> gender identity/sexual minorities | |

What would you like to get out of being on 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 |

How would you contribute to Youth Council?

Collection and use of personal information

Personal information is being collected under the authority of s. 33 (c) of the *Freedom of Information and Protection of Privacy Act*. Information will be used to manage and administer Strathcona County Youth Council membership application process and for the overall program administration of the Youth Council. If you have any questions about the collection or use of this information, contact the Manager, Community and Social Development, Strathcona County at 780-464-4044.

For office use onlyAccepted yes no

Date _____