

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 protect by FOIP. The information will be used to coordinate the Youth Mentorship program. If you have any questions about the collection and use of the information, contact Manager, Community and Social Development at 780-464-4044.

Name _____ You must be between 15 and 19: Age _____

Address _____
Postal code _____

How would you like us to contact you

 phone ► _____ OR email ► _____

We require parental/guardian consent in order for you to participate in this program. Who should we contact? _____

How should we contact them

 phone ► _____ OR email ► _____

Emergency contact: Name _____ Phone _____

Are you currently in school yes no ► do you plan to return yes no

Please tell us about your favourite hobbies, interests and extracurricular activities

List any work or volunteer experience you have had (such as community or school involvement). Outline your responsibilities in these positions.

What do you hope to learn from this program? (Check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Write a résumé | <input type="checkbox"/> How to find a job | <input type="checkbox"/> How to manage my time |
| <input type="checkbox"/> Practice for job interviews | <input type="checkbox"/> How to save my money | <input type="checkbox"/> Skill building |
| <input type="checkbox"/> Explore my career options | <input type="checkbox"/> My rights at work | |

What are some of your personal, educational and career goals?

I (print name) _____ am dedicated to fully and actively participating in the work based mentoring program. I will be on time and do my best to meet the program requirements and utilize opportunities to improve my skills.

Signature of youth _____ Date _____